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Office of Women's Health
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Collaborating Organizations:

AltaMed Health Services

Alzheimer's Association, California Southland Chapter

American Diabetes Association

American Heart Association, Greater Los Angeles

Arthritis Foundation, Pacific Region

California Geriatric Education Center, David Geffen School of Medicine

City of El Monte Community and Senior Services

City of Los Angeles Area Agency on Aging

City of Los Angeles Department of Aging and Family Caregiver Services

City of West Hollywood • Glendale Adventist Medical Center

Glendale Commission on the Status of Women

Glendale Memorial Hospital and Health Center

Grandparents as Parents, Inc. (GAP) • Harbor-UCLA Medical Center

Iris Cantor-UCLA Women's Health Center • KHEIR Center

Los Angeles Caregiver Resource Center

Life-Long • Los Angeles County Commission for Women

Los Angeles County Community and Senior Services

Los Angeles County Department of Mental Health

Los Angeles County Department of Public Health:

Office of Health Assessment and Epidemiology, Office of Senior Health,

Office of Women's Health, The PLACE Program

Motion Picture and Television Fund • Office of Senator Carol Liu

Partners in Care Foundation • Pomona Valley Hospital Medical Center

Rancho Los Amigos National Rehabilitation Center • WISE & Healthy Aging

The Healthy Aging for
 Women Collaborative

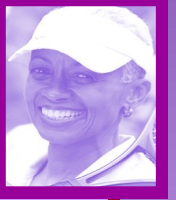
Presents

A Community Dialogue

November 16, 2011

Mind
Body
Spirit

*Enhancing Women's Resilience
 to Stress and Depression
 as They Age*



Sponsored by:

Los Angeles County Commission for Women
The California Endowment
Aurora Las Encinas Hospital

Mind Body Spirit:

Enhancing Women's Resilience to Stress and Depression as They Age

Drum Circle:

John Fitzgerald, Manager
Recreational Music Activities, Remo Inc.

Welcome:

Ellen Eidem, MS, Director
Office of Women's Health
Los Angeles County Department of Public Health

Women, Mental Health & the California Mental Health System:

Sandra N. Goodwin, PhD, MSW, President and CEO
California Institute of Mental Health (CiMH)

Keynote Address - The Mind/ Body/ Spirit Connection:

Gloria Morrow, PhD, Clinical Psychologist, Author,
Inspirational Speaker and Master Trainer

Psychosocial Influences on Chronic Disease Among Women as They Age:

Arun Karlamangla, PhD, MD
Geriatrician & Clinical Epidemiologist
University of California, Los Angeles

Gloria Morrow, PhD is one of the nation's leading clinical psychologists with expertise on depression, anxiety, marriage, relationship problems, and issues relative to people of color from all ethnic backgrounds. As an academician, clinician, inspirational speaker and author, her teaching, counseling and books have helped thousands of people find true inner healing. Dr. Gloria is a Master Trainer for the California Brief Multicultural Competency Scale Training Program, and she helped to develop the training curriculum. This program focuses on the four major ethnic groups: African American, Asian/Pacific Islanders, Hispanic/Latino/Mexican American, and American Indian/Native American. She has become well known throughout the faith community because of her willingness to address the issue of mental illness in the church and the role of pastors and church leaders in granting permission for parishioners to seek mental health services outside the church when appropriate. Dr. Gloria has been interviewed on a variety of radio talk shows, she is also a regular guest on CNN. Dr. Gloria has authored several books including, "Too Broken to be Fixed? A Spiritual Guide to Inner Healing;" "Strengthening the Ties that Bind: A Guide to a Healthy Marriage;" and "Keeping it Real! 7 Steps Toward a Healthier You."

Cathy A. Warner, LCSW has 25 years working for the Los Angeles County Department of Mental Health. Ms. Warner has held both clinical services delivery and management positions; including the position of Mental Health Clinical Program Head for Rio Hondo Community Mental Health Center in Cerritos, South Bay Mental Health Center in Hawthorne and the Long Beach Mental Health Center. She served as District Chief over Service Planning Area 8, overseeing both directly operated and contracted mental health providers serving the Long Beach and South Bay regions of the County across all age groups. Ms. Warner currently serves as the Deputy Director for Adult Systems of Care of Los Angeles County. *"My career reflects my commitment to our mental health consumers, their families, and the needs of at-risk, often underserved constituents of Los Angeles County. Mental illness touched the lives of my family during my youth and I believe my family experience assured my sensitivity to the needs of our clients and their families. In my current position, I have the daily opportunity to assure we develop and implement the best practices and treatments available to create and sustain our Department's mission of hope, wellness, and recovery."*

~ 15 Minute Break ~

graduate of the HealthRHYTHMS protocol training. Since 1998 he has facilitated drum circles in the US and abroad with a wide range of populations for the purpose of celebration, empowerment, wellness and community building which are central to John's interests and passion.

Sandra Naylor Goodwin, PhD, MSW is the founding President and CEO of the California Institute of Mental Health (CiMH), and has thirty years of professional experience in the behavioral health field. This experience includes administration, treatment, service methodologies, planning and policy development at the county and state levels. Dr. Goodwin is currently developing strategies for implementation of healthcare reform as it applies to behavioral health. This body of work includes focus on the bi-directional integration of mental health, substance use and primary healthcare. Over the last several years, CiMH has been responsible for policy development, training and technical assistance to support the Mental Health Services Act (Proposition 63), which California voters passed in November 2004. The MHSA focuses on transformation of mental health services, by concentrating on recovery, resiliency, cultural competency, and reduction of disparities. Dr. Goodwin previously was a practicing clinician and director of mental health and alcohol and drug abuse for Placer County. She holds a B.A. degree from California State University, Long Beach; an MSW degree from West Virginia University; and a Ph.D. degree in clinical psychology from the Professional School of Psychology.

Arun Karlamangla, PhD, MD is a geriatrician and clinical epidemiologist at the University of California, Los Angeles, who provides outpatient and inpatient primary and consultative care to older adults, and conducts clinical research in the epidemiology of age-related diseases, physical frailty, and cognitive decline. His primary research interests are in the prediction of disease risks in older adults, determinants of successful aging, and the role of psychosocial stressors in the trajectories of health. Ongoing research studies focus on the development and validation of a cardiovascular risk score tailored to older adults, determination of trajectories of change in integrated measures of bone strength in women going through the menopause, and the delineation of physiological pathways by psychosocial life histories affecting bone strength and cognition in midlife. He also serves as statistical consultant on the Study of Women's Health Across the Nation (SWAN), co-directs the analysis core of the Study of Midlife in the United States (MIDUS), and leads the analysis and cost effectiveness core of UCLA's Claude Pepper Older Americans Independence Center.

Panel Discussion

Multicultural Women

Coping with Stress and Depression

Moderator:

Sandra Naylor Goodwin, PhD, MSW

President and CEO

California Institute for Mental Health (CiMH)

Black Women:

Crystal Crawford, JD, CEO

California Black Women's Health Project

Latinas:

Theresa Destito, LCSW, Program Director

Older Adult Program at Pacific Clinics

Asian-American Women:

Freda Cheung, PhD, Associate Clinical Professor

University of California, Los Angeles

Chair Yoga:

Video of Rodney Yee, Yoga Master, led by

Elizabeth Stillwell, RN

Office of Women's Health

Los Angeles County Department of Public Health

Closing the Gap between Women's Depression and Mental Health Services:

Cathy Warner, LCSW, Deputy Director

Adult Systems of Care

Los Angeles County Department of Mental Health

Biographies

Freda K. Cheung, PhD has worked at the National Institutes of Health where she was responsible for setting up counseling and training programs for the employees. Later, at the National Institute of Mental Health, she was the Branch Chief for the Minority Research Resources Branch. In the 1980s, she twice represented the United States at the United Nations High Commissioner of Refugees to assess the mental health situation of the Southeast Asian refugees in the refugee camps in the various countries. Dr. Cheung later joined the Los Angeles County Department of Mental Health where she was responsible for developing the Disaster Mental Health Program for the County after the L.A. riots in 1992. She is currently an Associate Clinical Professor at the University of California, Los Angeles where she is involved in research and working with residents and externs in the Department of Psychiatry. She has also served as an adjunct professor at the School of Psychology, Fuller Theological Seminary. Her and husband, Rev. Fred Cheung, worked as a team in building churches in the United States. Currently she serves on a voluntary basis as the President of the Worldwide Christian Churches Ministries.

Crystal D. Crawford, JD received her A.B. from Dartmouth College (1987) and J.D. from New York University School of Law (1992). Currently, she is Chief Executive Officer of the California Black Women's Health Project (CABWHP), the only statewide organization solely devoted to improving the health of California's Black women and girls through policy, advocacy, education and outreach. Prior to joining CABWHP, Ms. Crawford gained advocacy experience with national law firms and social justice organizations. She directed CABWHP's Policy Advocacy Program (PAP) for five years before she was promoted to CEO in April 2005. Ms. Crawford is an architect of CABWHP's Advocate Training Program and Black Women's Mental Health Initiative. In 2002, CABWHP launched its Black Women's Mental Health Initiative through which the organization has worked to mobilize Black women, the Black community and policymakers to actively address the disparities in Black women's mental, emotional and physical health. Ms. Crawford serves on several boards of directors including those for *Health Access California*, *VIP Mentors* (formerly *Volunteers in Parole*), *SisterSong*, and the *Rockefeller Center for Public Policy* at Dartmouth. She is admitted to the bar in California, New York & New Jersey. In 2009, Ms. Crawford received the *Advocates' Award* from the Western Center on Law & Poverty.

Theresa Destito, LCSW is a Licensed Clinical Social Worker with over thirty-five years in the health and mental health fields with extensive experience serving Latino communities. She is currently the Program Director of the Older Adult Program at Pacific Clinics, involving management of an outpatient psychiatric

clinic for mentally ill, low income older adults in the West San Gabriel Valley community. The program serves a large percentage of Latino and Armenian clients. For five years, she served as the Program Director of the Senior Care Network at Huntington Memorial Hospital, responsible for administration of the Multipurpose Senior Services Program and the Linkages Program. These programs serve disabled and older adults at risk of institutionalization. Ms. Destito has been a Director of Social Services for San Gabriel Valley Medical Center where she supervised and implemented social services for the Psychiatric, Medical-surgical, Sub-Acute and Emergency Services Departments. She has also been a member of the Hospice of Pasadena, lectures at the California State University of Los Angeles School of Social Work, and is a former consultant to the National Institute of Mental Health. Ms. Destito is currently a member of the Geriatric Social Work Consortium.

Ellen Eidem, MS, Director of the Los Angeles County, Department of Public Health, Office of Women's Health (OWH). The OWH seeks to decrease health disparities and improve the health status of women in LA County working at the individual, community and systems level through education, advocacy, program planning and promotion, policy recommendations, and increasing access, especially to low income and underserved women. Previously, Ms. Eidem served as the Director of Programs and Administration for the Los Angeles Free Clinic (dba: The Saban Free Clinic) where she oversaw 8 departments and 102 staff; the Director of Quality Improvement for the California and Los Angeles Regional Family Planning Councils, (dba: California Family Health Council), ensuring the provision of quality services to approximately 500,000 clients seeking reproductive health care at 74 agencies with 240 sites throughout California. Prior to this, Ms. Eidem was an administrator and instructor at Planned Parenthood Alameda/ San Francisco and the Berkeley Women's Health Collective.

John Fitzgerald is the Manager of Recreational Music Activities for Remo Inc, a freelance percussionist, and trained drum circle facilitator. Creating valuable partnerships with individuals and organizations who share the common vision of music as a tool for wellness, education, and a better life is central to Remo Inc.'s mission and a primary aspect of all of John's work. John received a BFA in performance from California Institute of the Arts in 1978 and has studied and performed Classical European, Nigerian, Indonesian, South Indian, Brazilian, Afro-Cuban, Pop and Jazz music. He has also developed and taught programs for the Mark Taper Forum, the Los Angeles Philharmonic Association, and the Los Angeles Opera in-school programs, and he composed and performed for numerous theatrical productions. He has trained with Village Music Circles/Arthur Hull and is a

The Healthy Aging for Women Collaborative Community Dialogue Presented
“Mind, Body, Spirit” on Wednesday, November 16, 2011

Speaking to a full house of over 400 participants at The California Endowment were:

Sandra N Goodwin, PhD, MSW Pres and CEO CA Institute of Mental Health Ms. Goodwin indicated that depression is primarily a woman's condition with 2/3 of those affected being women. It is a biochemical and cultural reaction. She traced the history of public support for women with depression from 1968 with the closure of mental health institutions, thru the '90s when the county took on the services, to 2004 when Prop 63 passed and a 1% tax on millionaires was levied to support folks in the underserved populations. She indicated that the Health Care Reform of 2014 will combine the integration of mind and body services.

Gloria Morrow, Clinical Psychologist, Author, Inspirational speaker and Master Trainer Dr. Morrow indicated that the mind and body work together and that we are all spiritual beings, which psychiatry now recognizes. We have a deep sense of belonging and need family connectedness. Religion, sexual preference, immigrant status, homelessness five provide added stress. Some cultures add more stress with cultural norms being anti-mental health and anti-western medicine and mental health stigmas. Physical health symptoms (heart, fatigue etc) can be missed as signs of depression. How to heal: remove stigma, address trauma, know women are resilient, provide support systems, teach stress management, seek help, remove violent partners, provide strong family love, learn to laugh, delete toxic relationships.

Arun Karlamangia, PhD, MD Geriatrician and Clinical Epidemiologist at UCLA Dr. K spoke on his research of the Psychosocial Influences on Chronic Disease Among Women as They Age. As women age they develop more cardiovascular risk factors and acquire more physical disabilities like mobility, hearing, cognitive decline. Stress results in inflammation, CV issues, Cortisol stimulation, compromising the immune system and leads to chronic conditions of stress. Most important in the equation is Maternal nurture and home comfort for the child. It plays out in later life. 50% of those 75 and older live alone which isolates and leads to more symptoms.

A Multicultural Panel Discussed Coping with Stress and Depression moderated by **Dr. Goodwin**

- **Crystal Crawford**, JD CEO CA Black Women's Health Project indicated that part her job is advocacy to make certain that legislation enacted will be culturally sensitive. Her effort is to de-stigmatize mental health in the black community. Emotional abuse is soul murder. Neglect is the violence of silence. She indicated that blacks are ignored, dehumanized, experience micro aggression, witness covert racism, benign neglect, isolation, emotional abuse, and workplace abuse. She offered self care for caregivers, music therapy, and openness about depression as problem solvers.
- **Theresa Destito**, LCSW Program Director Older Adult Program at Pacific Clinics. Ms. Destito offered a reference book by Celia Falicob “Latina Families in Therapy”. She indicated that the direct approach including family and spiritual support is required to heal isolation and shame. With many immigrants who are uprooted, there is a feeling of displacement and loss of culture. Family is very important in the Latin culture and second generation is leaving the family for the community. The family is part of the recovery and the community needs to understand the disease.

- **Freda Cheung, PhD** Associate Clinical Professor UCLA Dr. Cheung focused on four areas that combat aging and depression. Asian women experiencing depression need: 1) a support system, 2) to find a sense of purpose especially to help others, 3) to acquire self respect by giving to others, and 4) to have a positive outlook (hope). She talked about being grateful and thankful for what you have and to include both people your older age, but also younger ones in your circle of support and friendship. Immigrants can use both non-western and western medicine to assist in taking the depressive edge off.

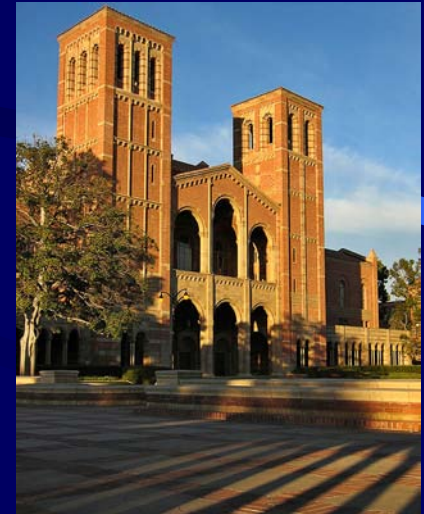
Cathy Warner, LCSW Deputy Director Adult Systems of Care, LAC DMH presented Closing the Gap between Women's Depression and Mental Health Services. Ms. Warner indicated that with the passage of Prop 63 there was money to provide a mass delivery system through the SPAs that would include both physical and mental health services in the early stages before catastrophic results. The system is intended to triage and help patients to navigate the system. Early intervention with PTSD, safety seeking, short term intensive support, group cognitive behavior support and suicide prevention are built into the system. The system is being built at this time with three tiers of support for priority population, newly indentified population and less severe support by phone or teleconferencing. The hope is that medical doctors will recognize symptoms of depression and be able to assign immediate help at a One Stop Shop.

There were several brakes for physical yoga and healthy snacks. And the sponsors, including the LACCW, were recognized at the beginning and the end of the session. Additionally, the signage listed the LACCW prominently as a major sponsor.

I gave it an A+ and found the day both informational and interesting.

Charlotte Lesser
Commissioner LACCW

Psychosocial Influences on Chronic Diseases and Aging



Arun Karlamangla, PhD, MD

Associate Professor of Medicine

Division of Geriatrics

David Geffen School of Medicine at UCLA

What is Healthy Aging?

Two key components:

Longevity: Living longer

Compression of morbidity:

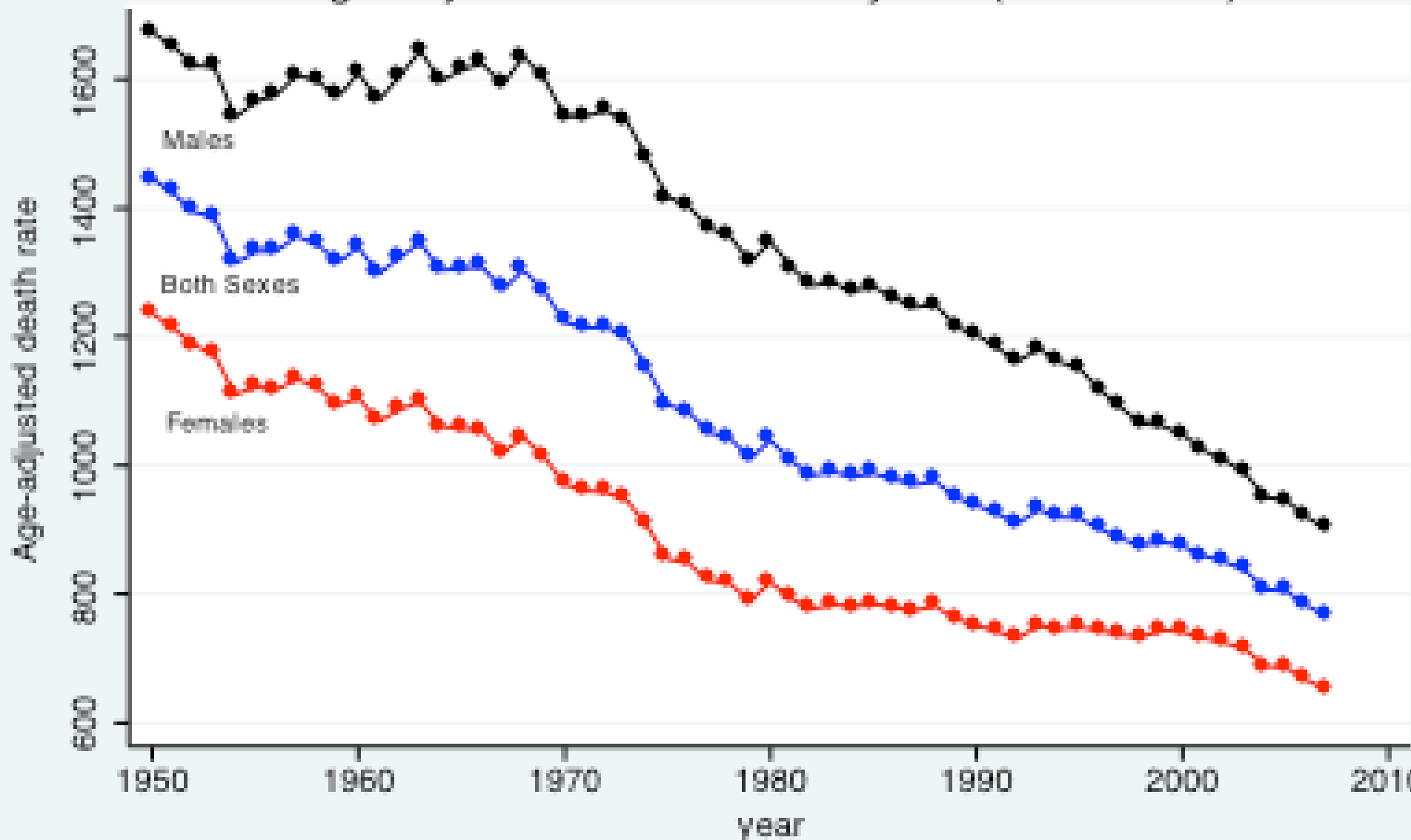
- Avoiding sequelae of chronic diseases

- Preserving independence, and quality of life

 - Avoiding physical disability

 - Minimizing cognitive decline

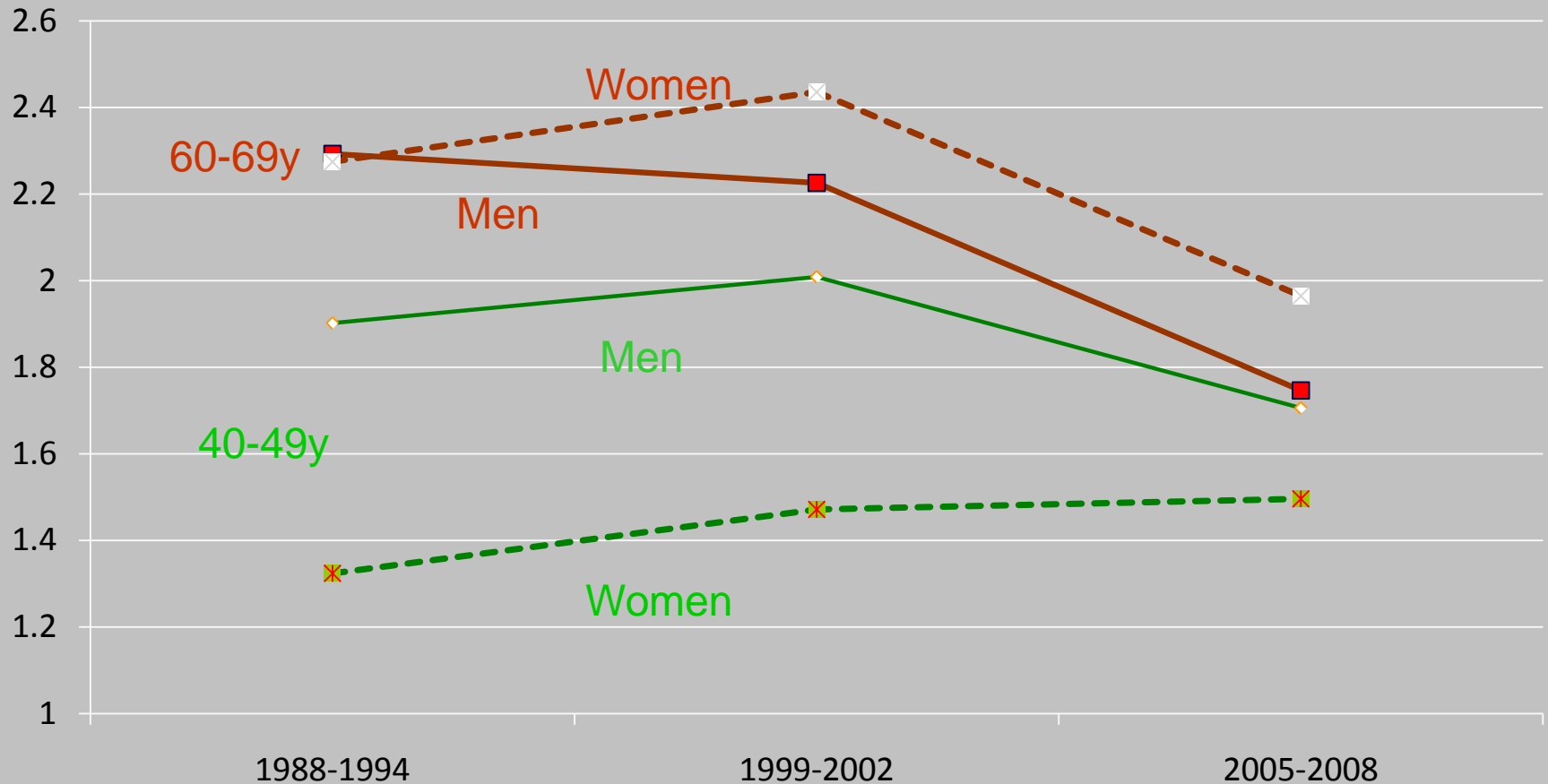
Age-adjusted Death Rates by Sex (1950-2007)



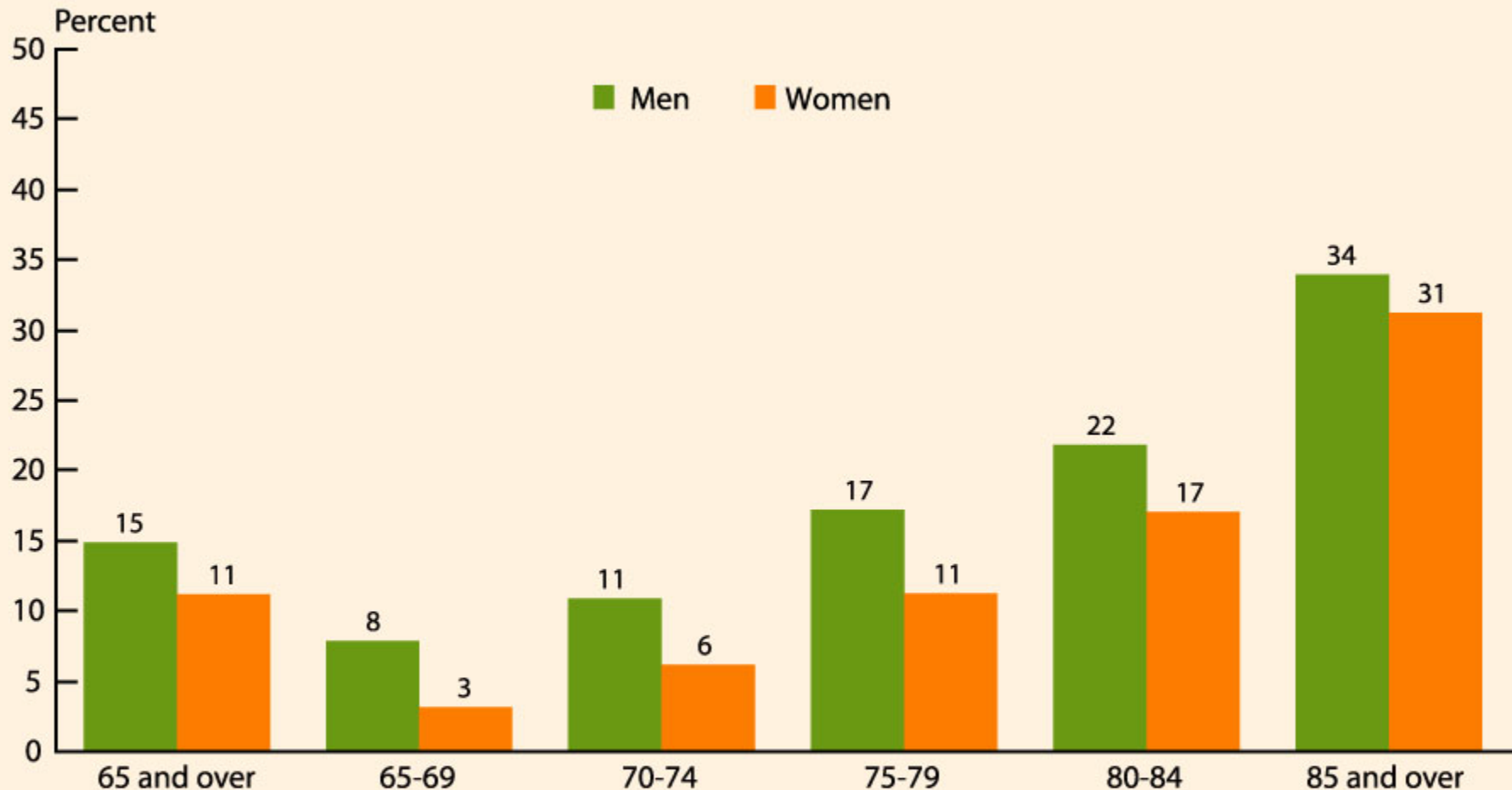
Source: National Vital Statistics, various reports

Age-specific death rates per 100,000. Standardized by age distribution of U.S. population in 2000

Trends in CV Risk Factor Count: NHANES



Percentage of people age 65 and over with moderate or severe memory impairment, by age group and sex, 2002

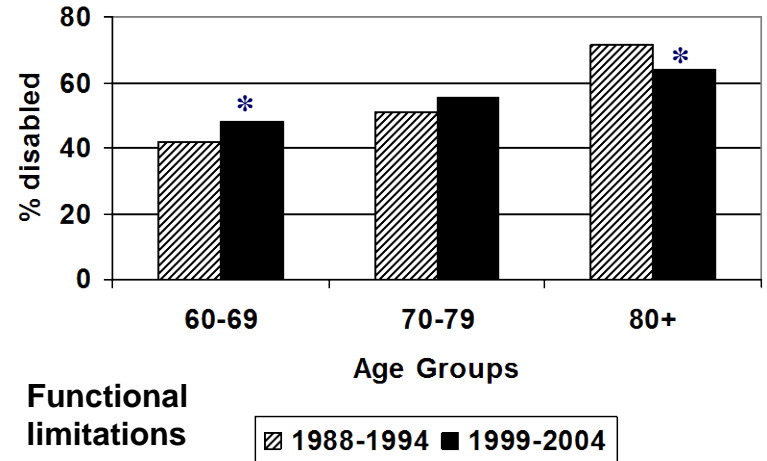
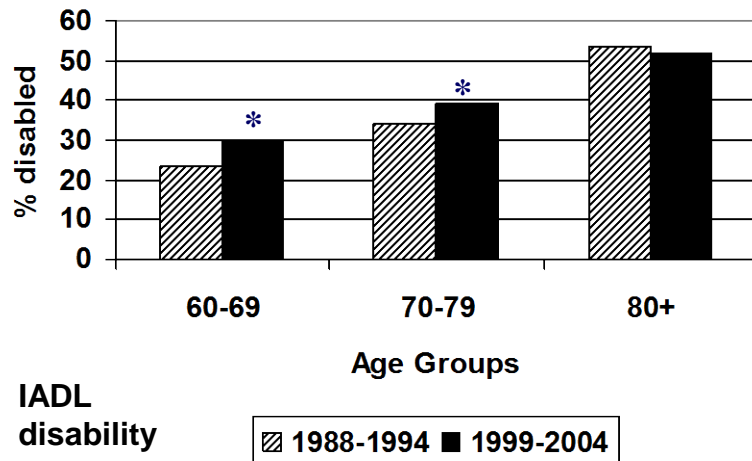
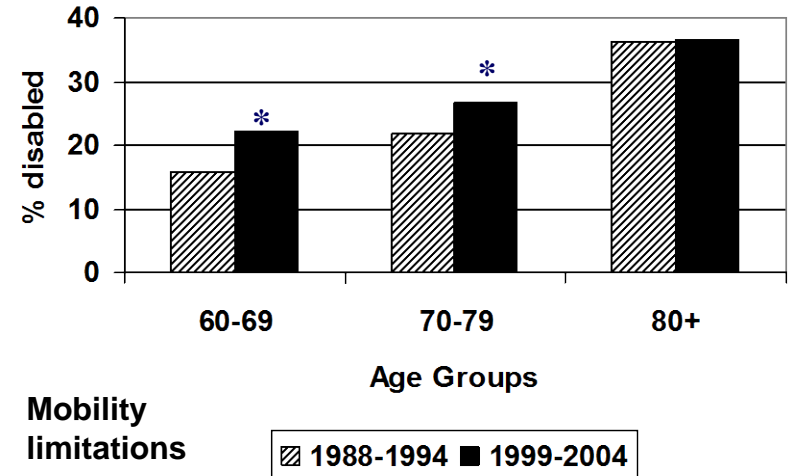
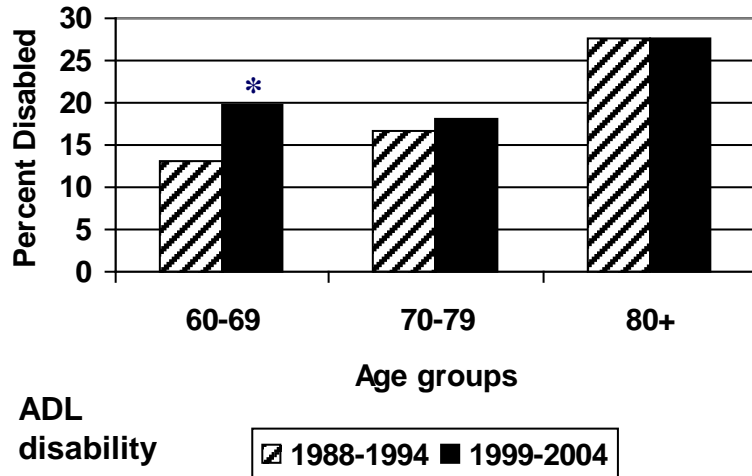


Note: The definition of "moderate or severe memory impairment" is four or fewer words recalled (out of 20) on combined immediate and delayed recall tests among self-respondents. Self-respondents who refused either the immediate or delayed word recall test were excluded from the analysis. Proxy respondents with an overall memory rating of "poor" were included as having moderate or severe memory impairment. Because of some changes in methods from the 2000 edition of *Older Americans*, no inference should be made about longitudinal trends.

Reference population: These data refer to the civilian noninstitutionalized population.

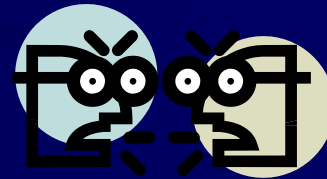
Source: Health and Retirement Study.

Disability Trends: NHANES

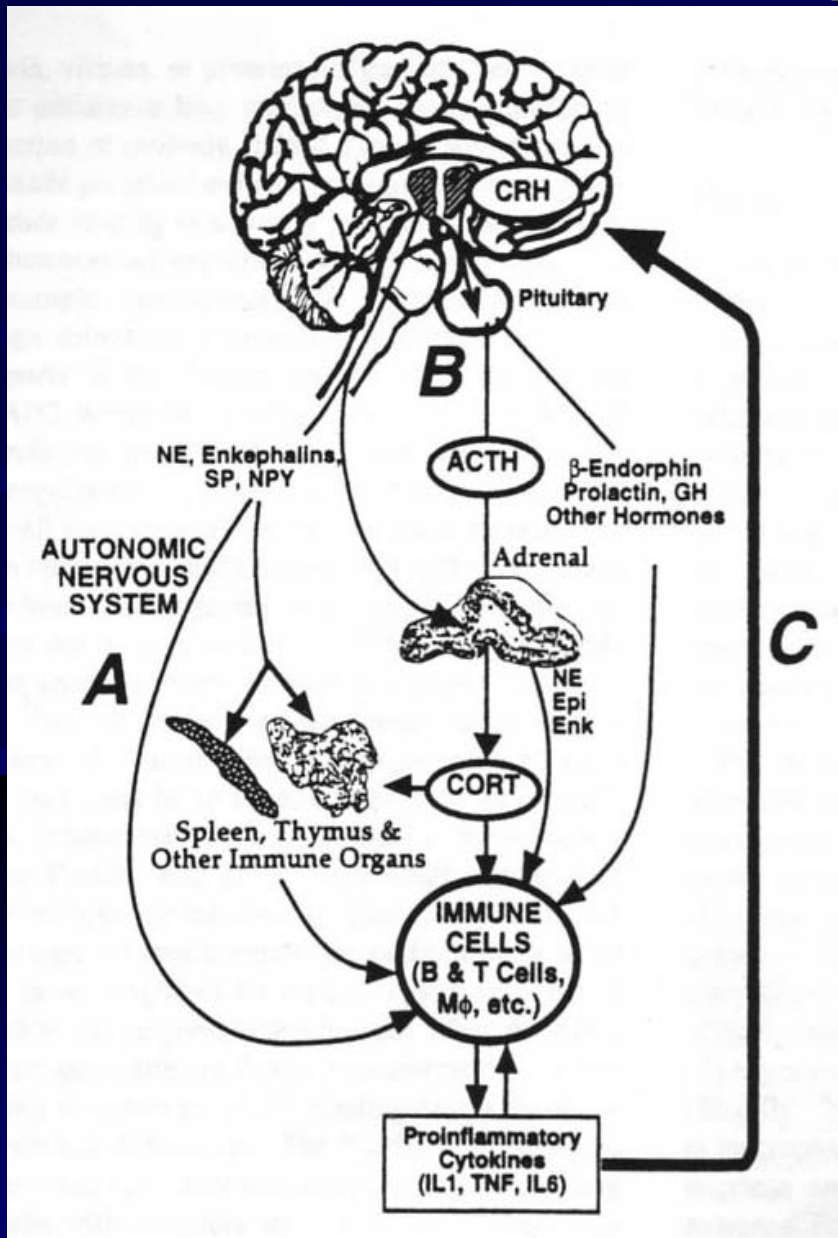


Psychosocial Factors / Stressors

- Social status; financial stresses
- Daily stresses: job strain, inter-personal
- Discrimination
- Psychological ill-health



Stress Response System



Catecholamines

- Adrenalin (epinephrine)
- Noradrenalin (norepinephrine)

Glucocorticoids

- Cortisol
- Blood glucose
- Lipids (cholesterol)
- Fat deposition

Cardiovascular

- Blood pressure
- Heart rate

Inflammation (?)

- C reactive protein

Psychosocial Stress : Good or Bad ?

The Good: Promotes adaptive response and improves efficiency in the face of a threat

The Bad: Heightened 'tension' which ultimately results in deleterious health outcomes



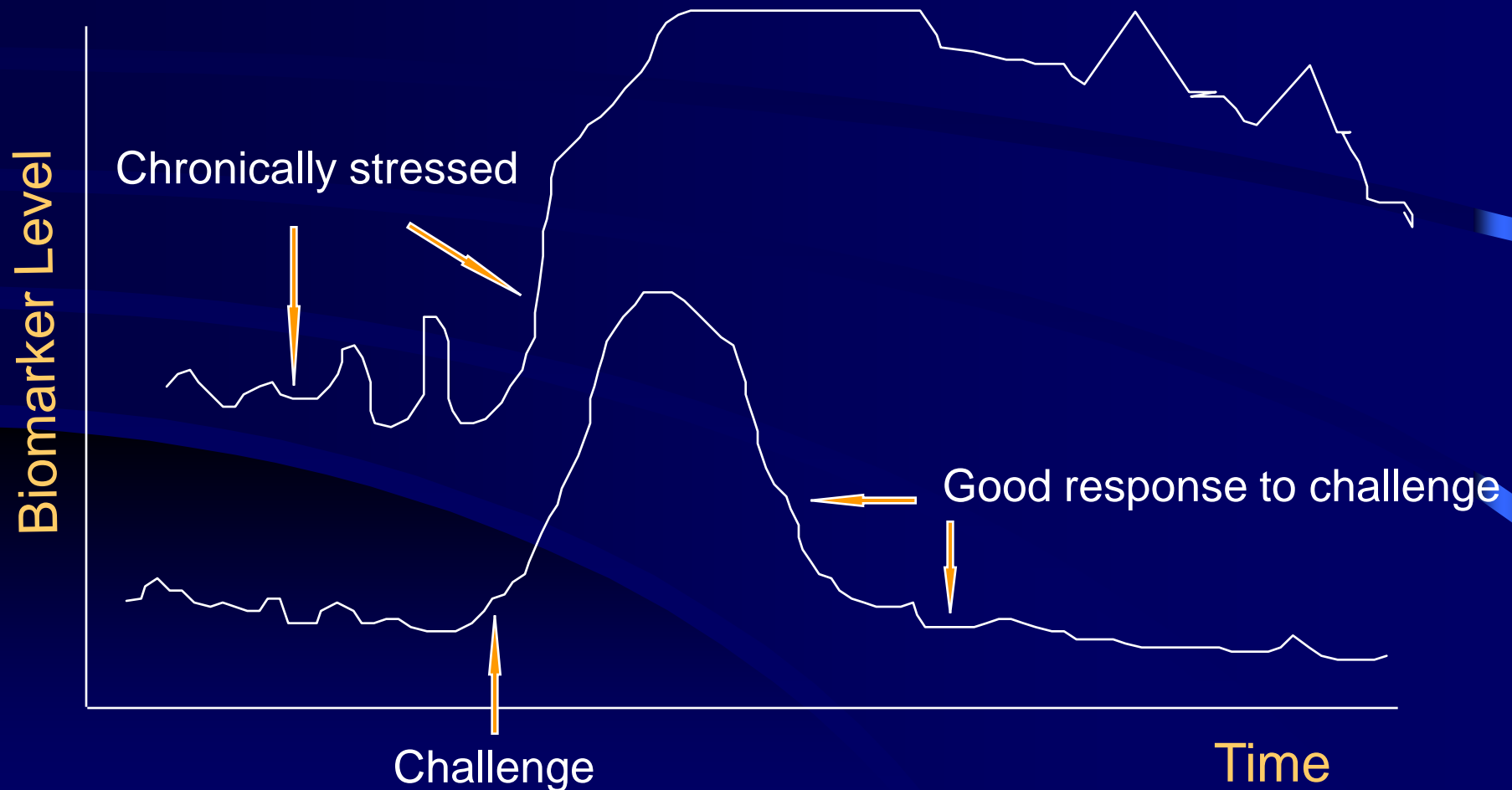
Price paid for chronic stress

Allostatic Load: Dysregulation of stress hormones

E.g.: Altered resting levels
 Altered reactivity
 Sluggish return to resting level

McEwen and Stellar 1993

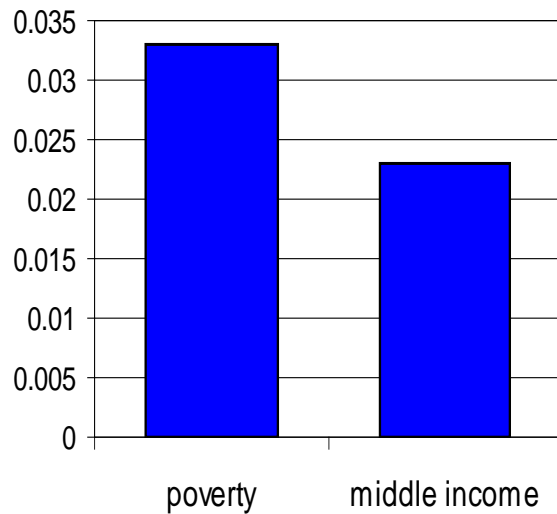
Dysregulated Stress Biology



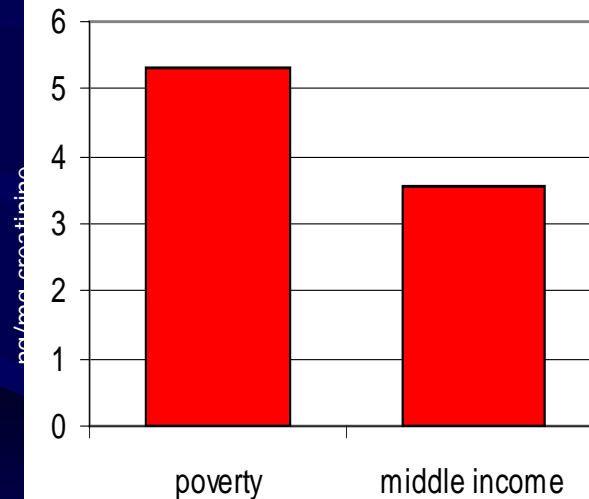
Childhood Poverty and Stress Hormones

Overnight hormone levels in rural dwelling 8 to 10 yr. olds:

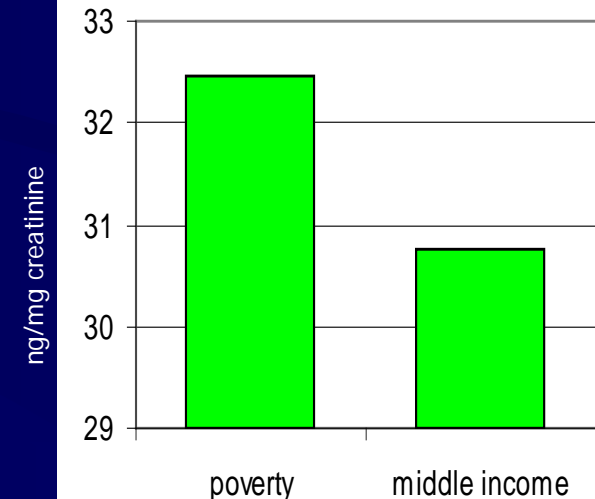
cortisol



epinephrine



norepinephrine

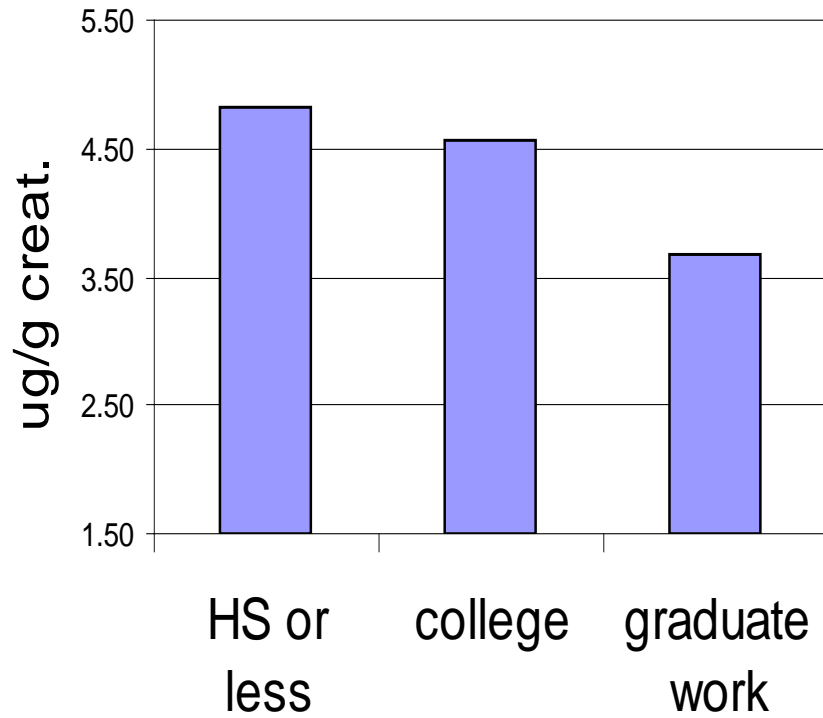


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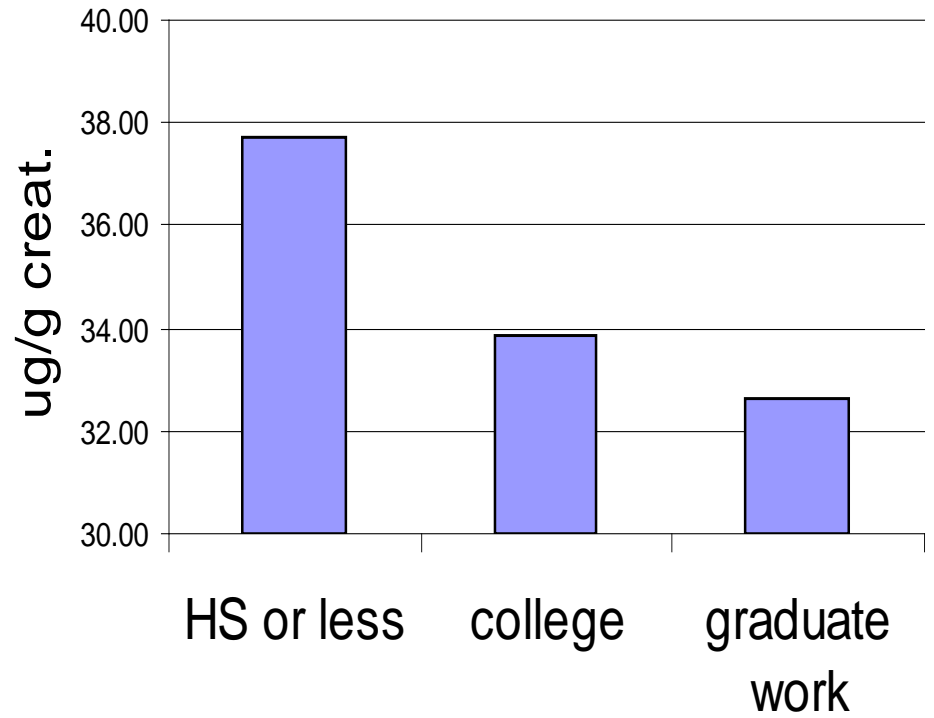
Evans & English, 2002

Education level and Catecholamines Young Adults, CARDIA

Epinephrine



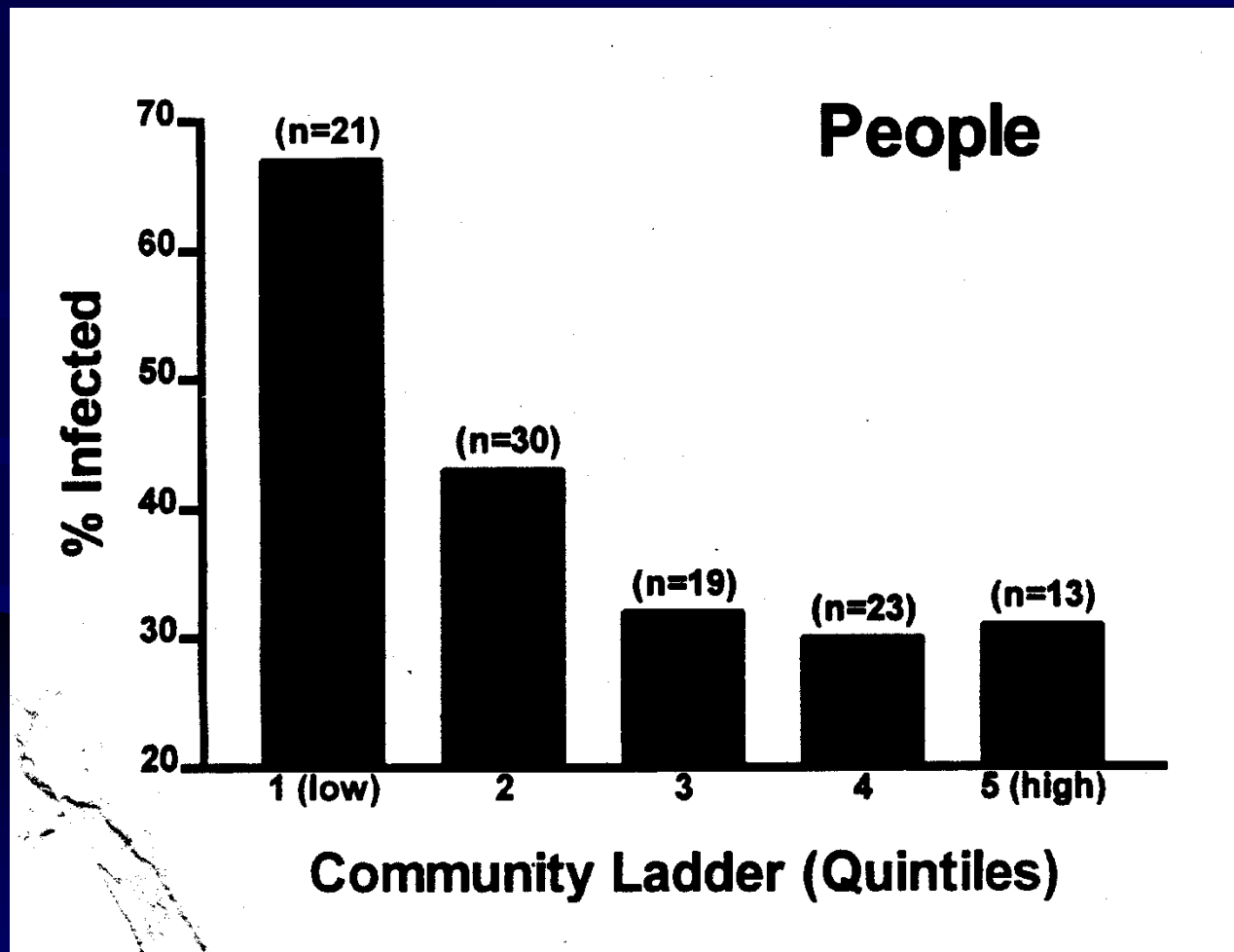
Norepinephrine



Caregiving and Cortisol

- Caregiving of older disabled adults and of disabled children are known stressors
- Older adult caregivers have higher levels of cortisol in their saliva than non-caregivers
 - Vedhara et al., 1999
- Parents of children with cancer have flatter cortisol rhythms (blunted peaks, higher nadirs)
 - Miller et al., 2002

SES and Immunity to the Cold Virus

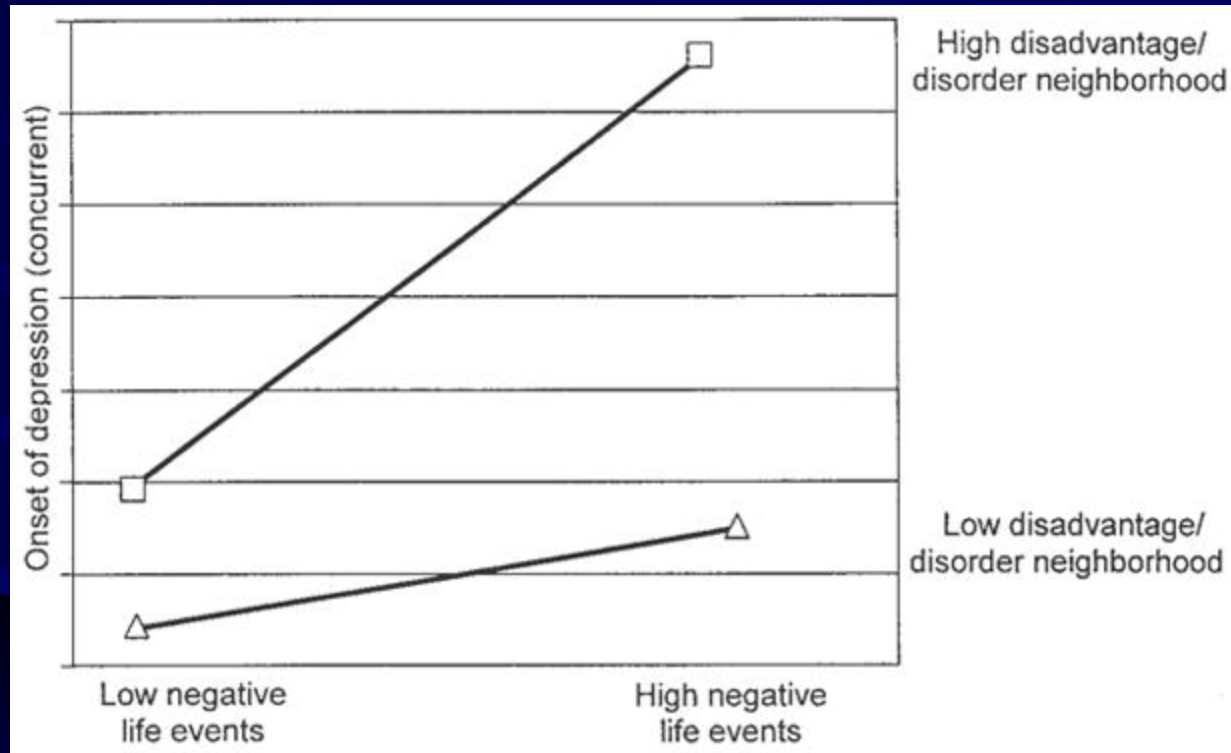


Psychosocial Influences on Chronic Diseases

Psychosocial factors (both *individual* and *neighborhood*) have been implicated in the development and progression of

- Depression
- Diabetes and Pre-diabetes (metabolic syndrome)
- Cardiovascular disease (heart attacks, strokes)
- Osteoporosis

Stressors and Depression



Neighborhood Influences on Depression

- Residents in *low SES neighborhoods* are twice as likely to develop depression as residents of *high SES areas*
 - Galea et al. 2007
- People who live in neighborhoods with *less residential stability* endorse more depressive symptoms
 - Aneshensel, Wight, Miller-Martinez, Botticello, Karlamangla, and Seeman. JGSS 2007

Pathways from neighborhood characteristics to depression.

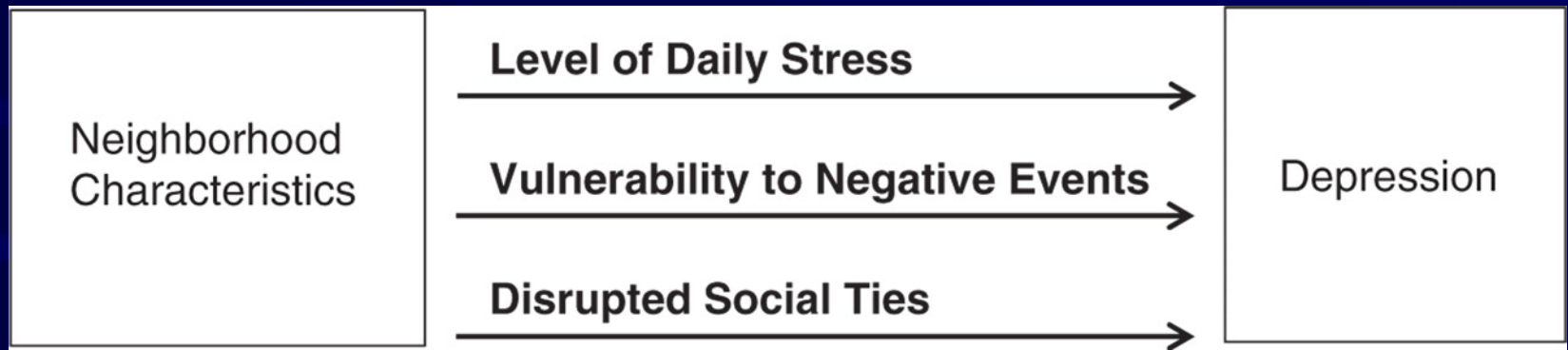
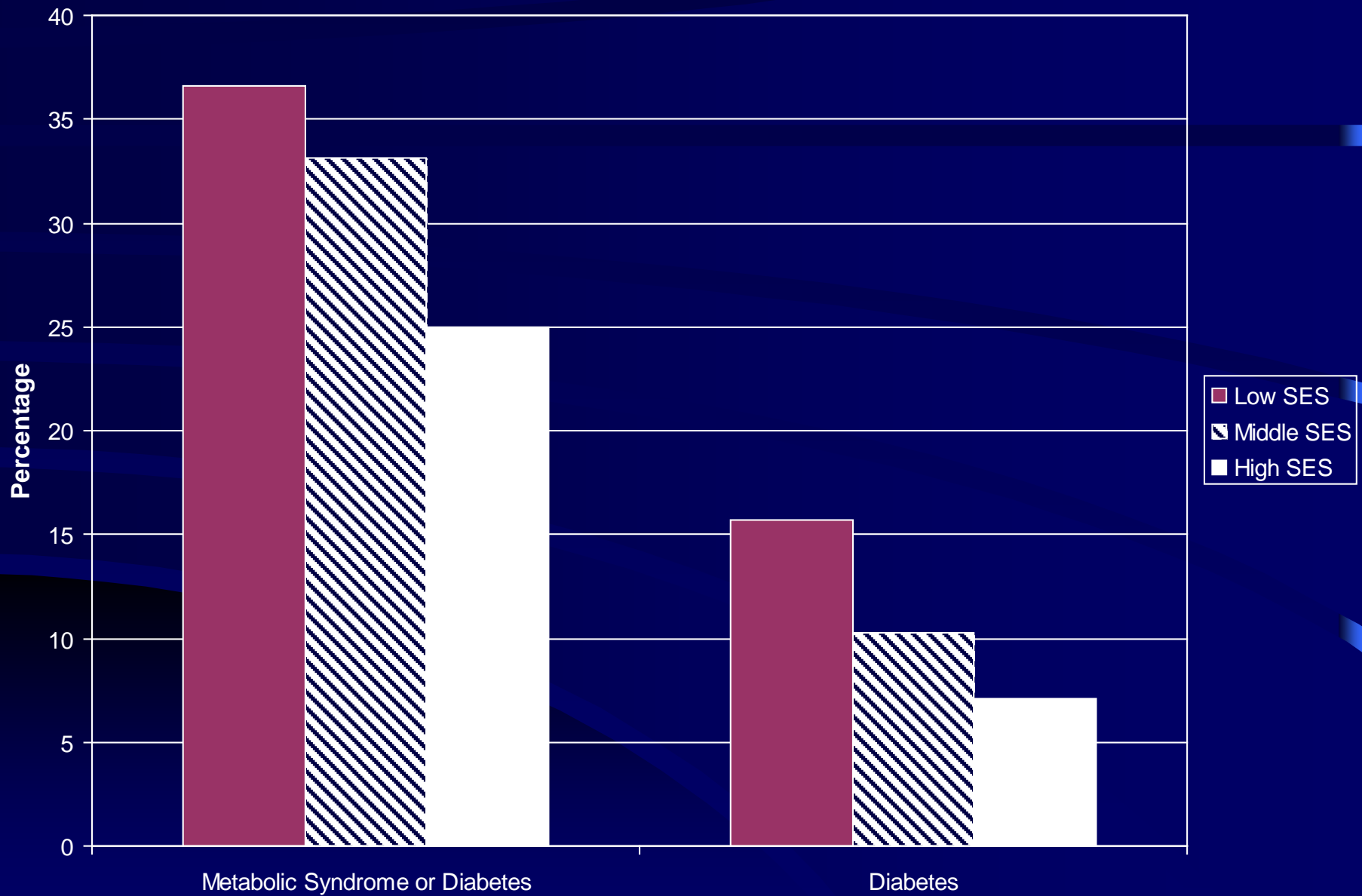
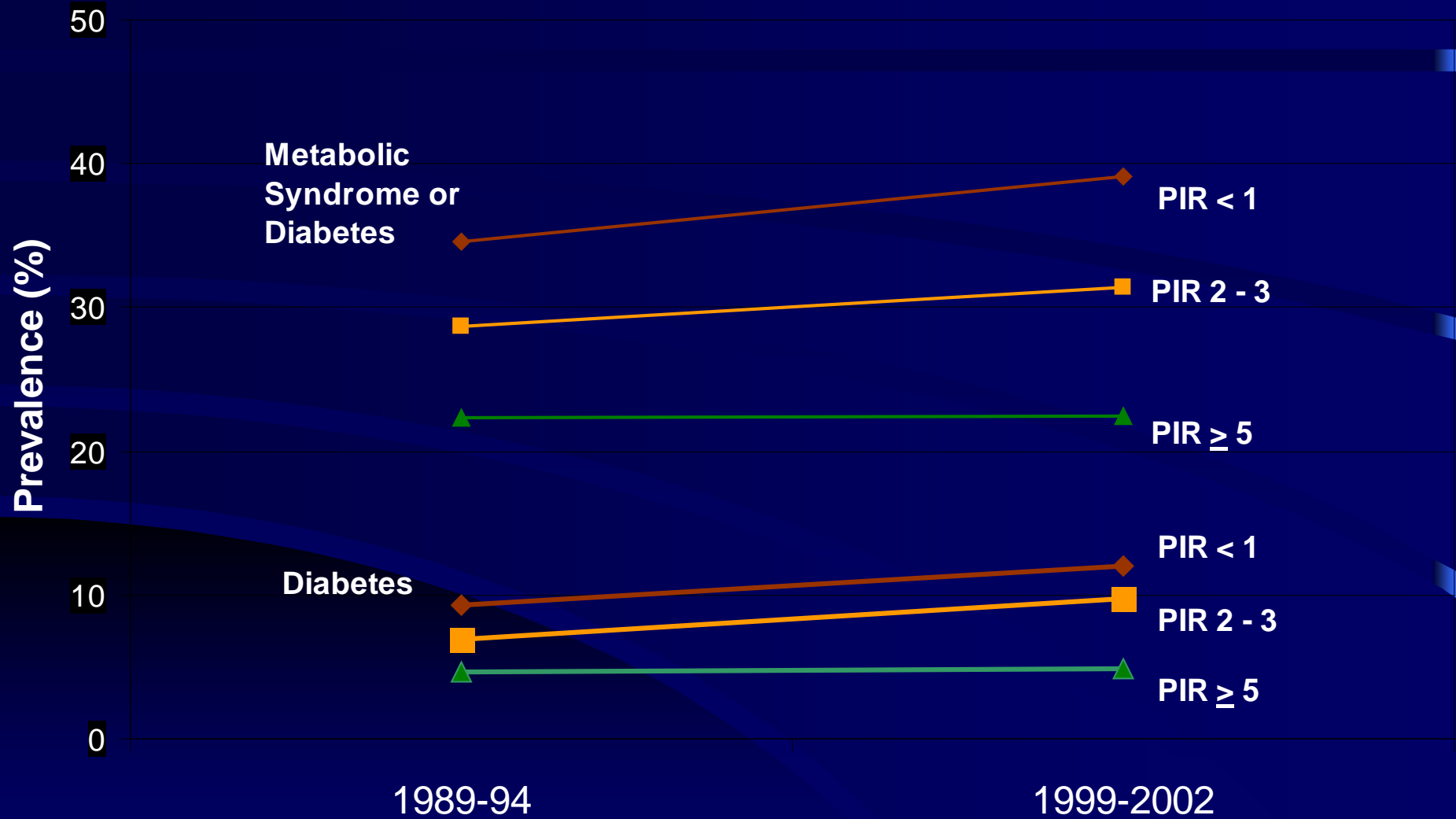


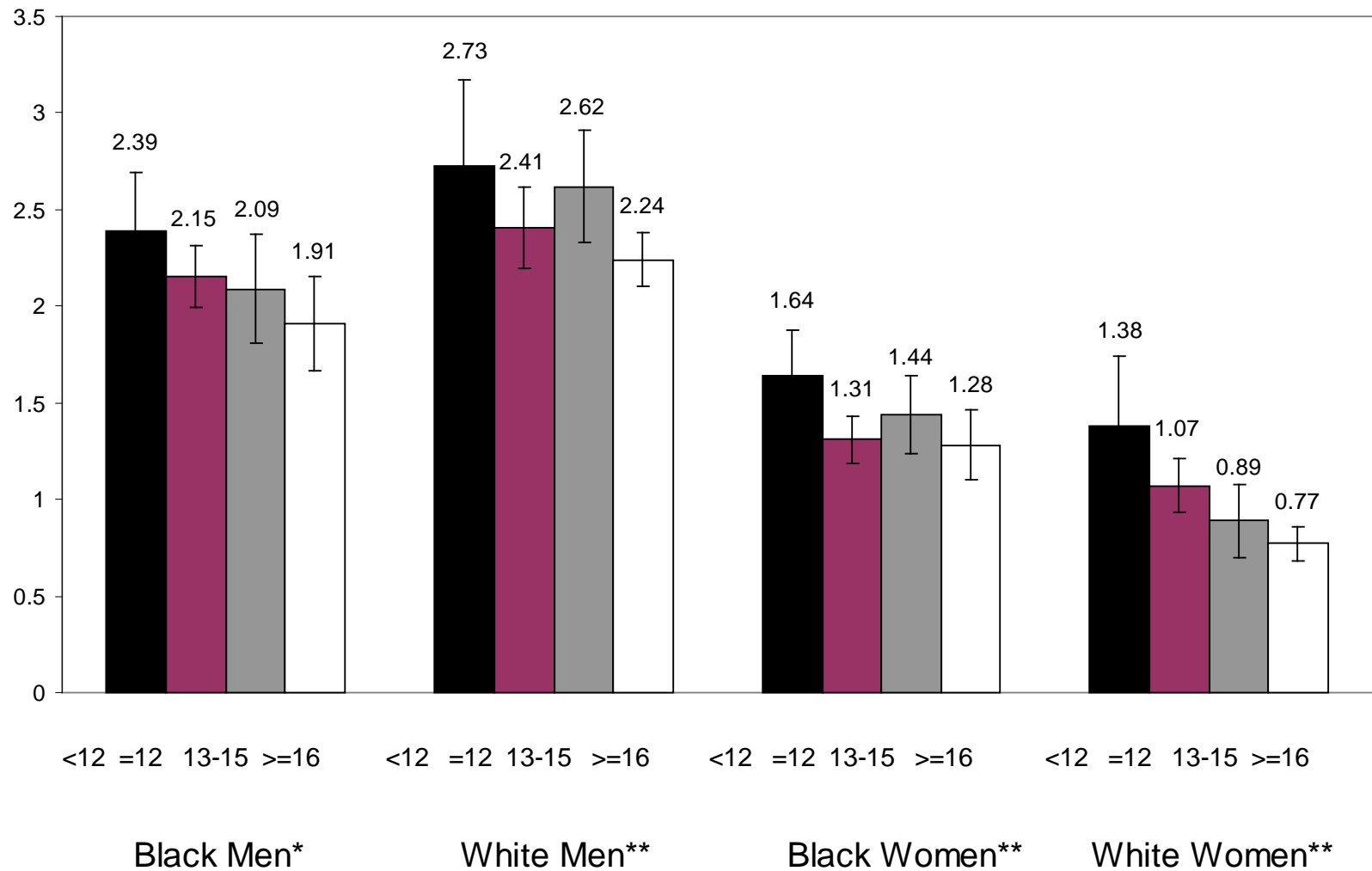
Fig 1b. SES Differences in Metabolic Risk in the United States, 2001-2006



Trends in Metabolic Risk



Parents' Education and Young Adult CV Risk

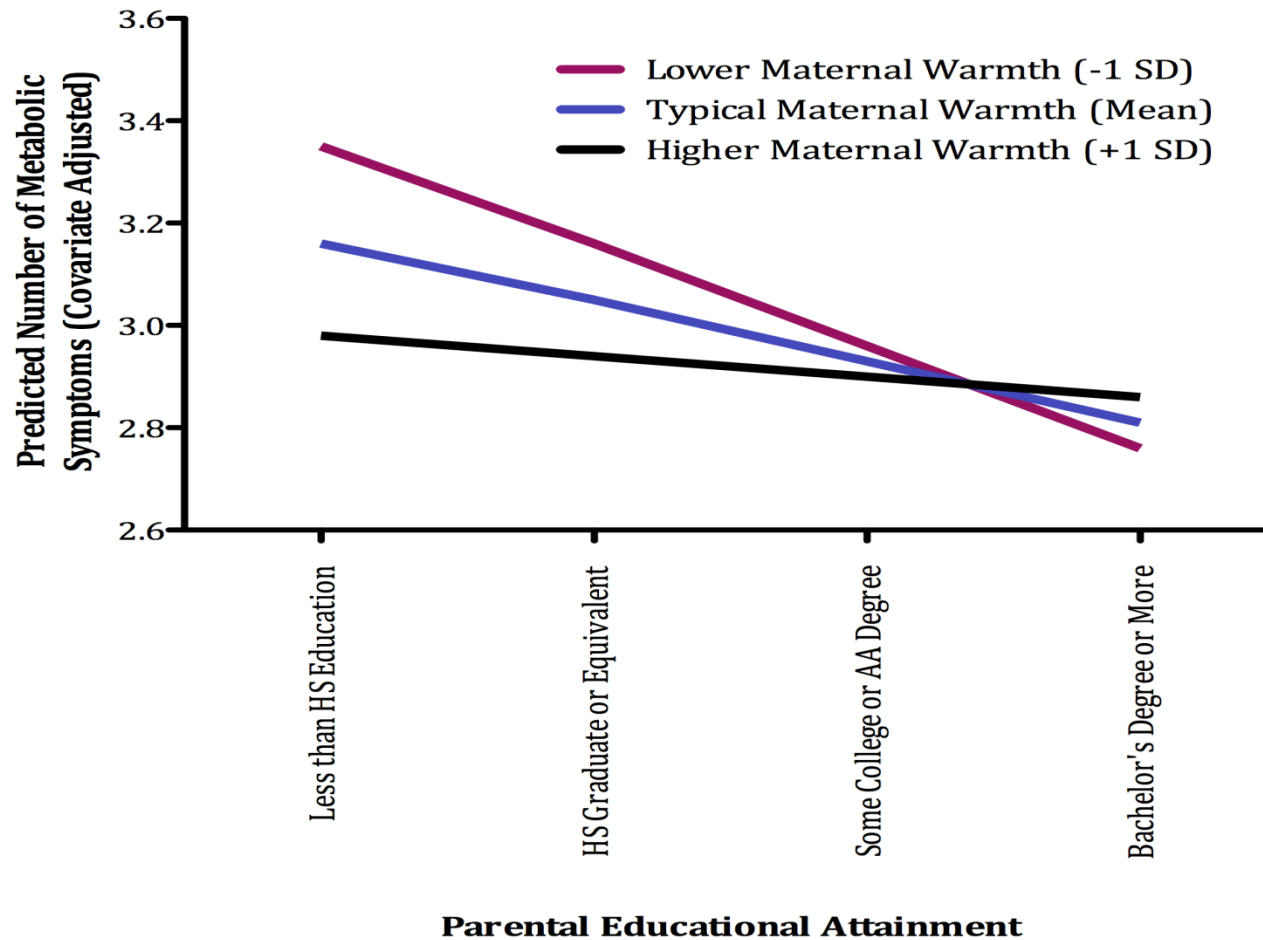


SES Life Profiles and Osteoporosis

SES	Bone density in the spine
Childhood Advantage Score	.011*
College Education	.047*
Adult Financial Adv Score	.001

Low bone density is the hallmark of osteoporosis, and the major risk factor for hip and spine fractures in older ages

Maternal Nurturance as Buffer



Psychosocial Influences on Physical Aging

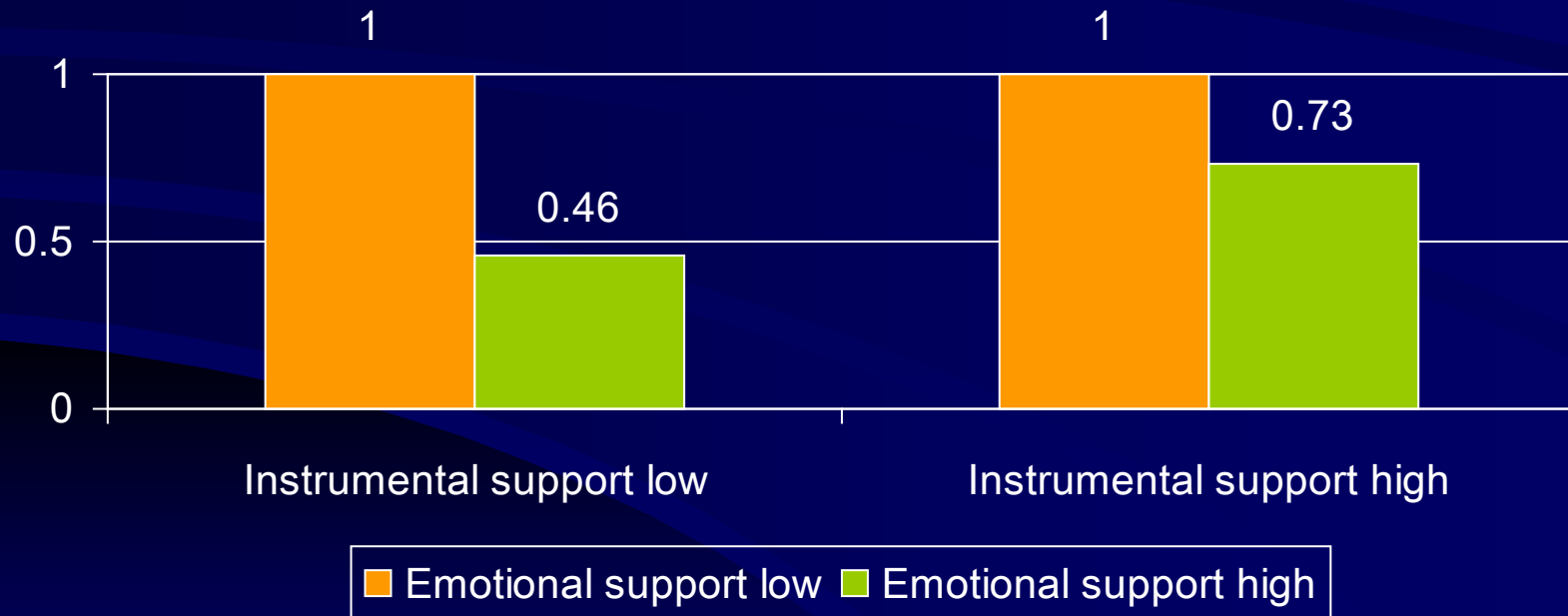
Those who are able to **delay physical decline** have

- High levels of **emotional support**
- High perception of **usefulness**
- High levels of **self efficacy** belief
(i.e., in ability to manage life situations, finances)

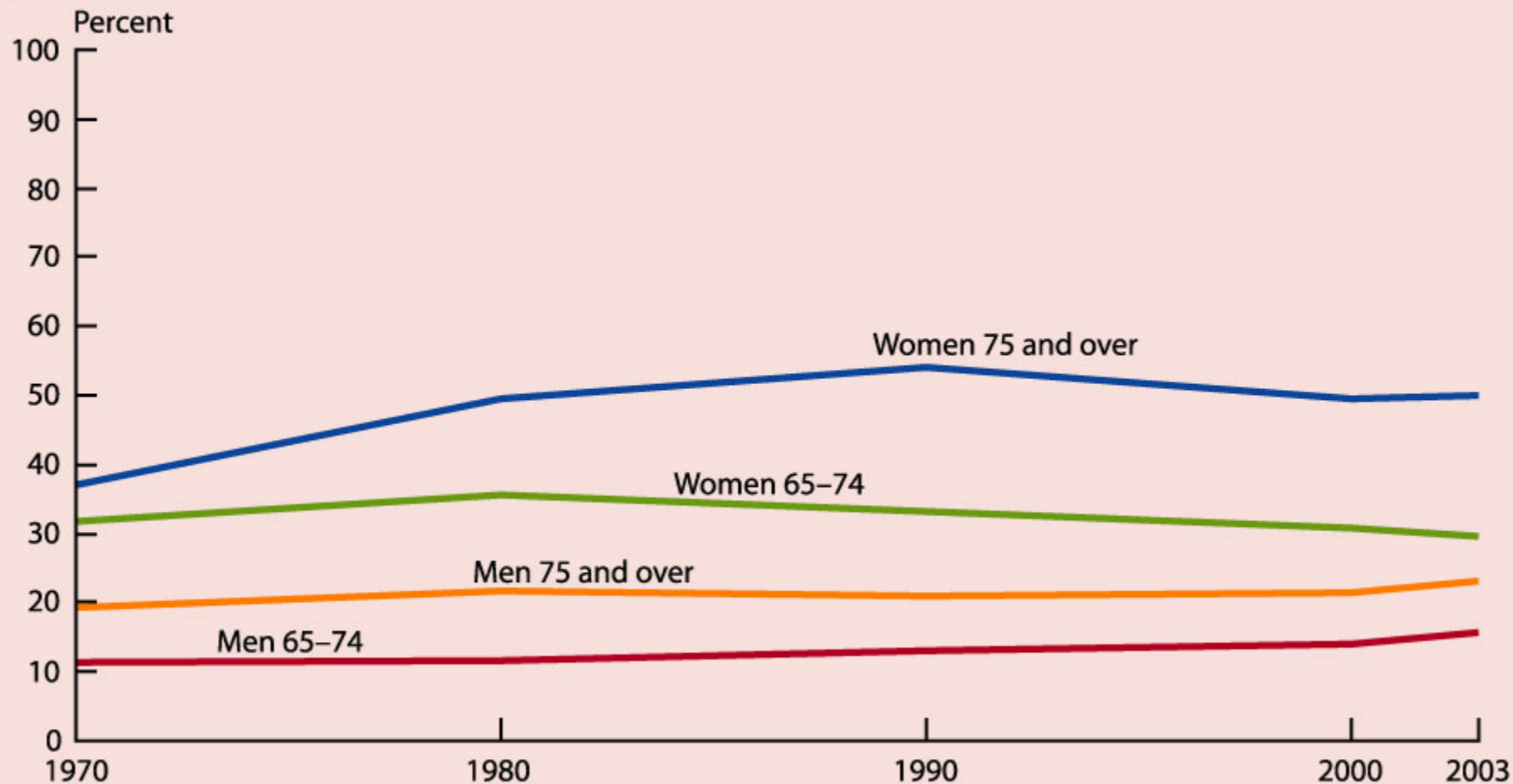
MacArthur Successful Aging Study

Social support and physical decline

Odds Ratio for Physical Decline
(High vs. low emotional support)



Population age 65 and over living alone, by age group and sex, selected years 1970-2003

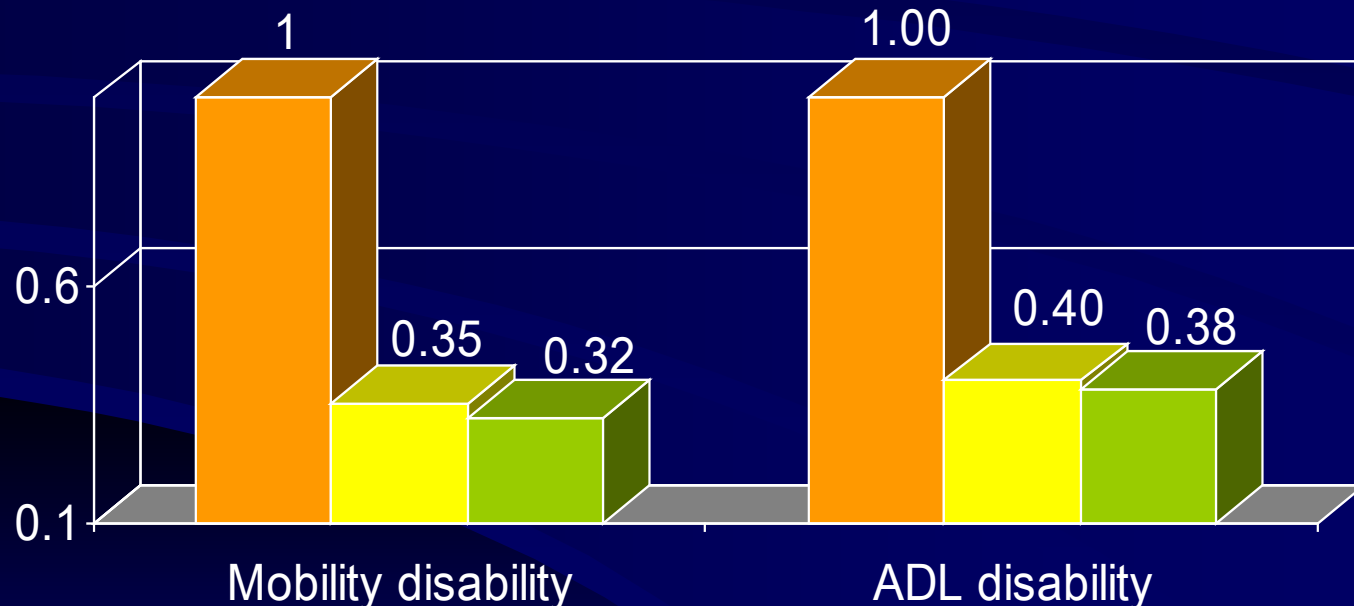


Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Perceived Usefulness and Physical Disability

Odds Ratios for Incident Disability
(Reference group: Never/rarely feel useful)



■ Never/rarely feel useful ■ Sometimes feel useful ■ Frequently feel useful

Psychosocial Influences on Cognitive Aging

Those who are able to **slow cognitive decline** have

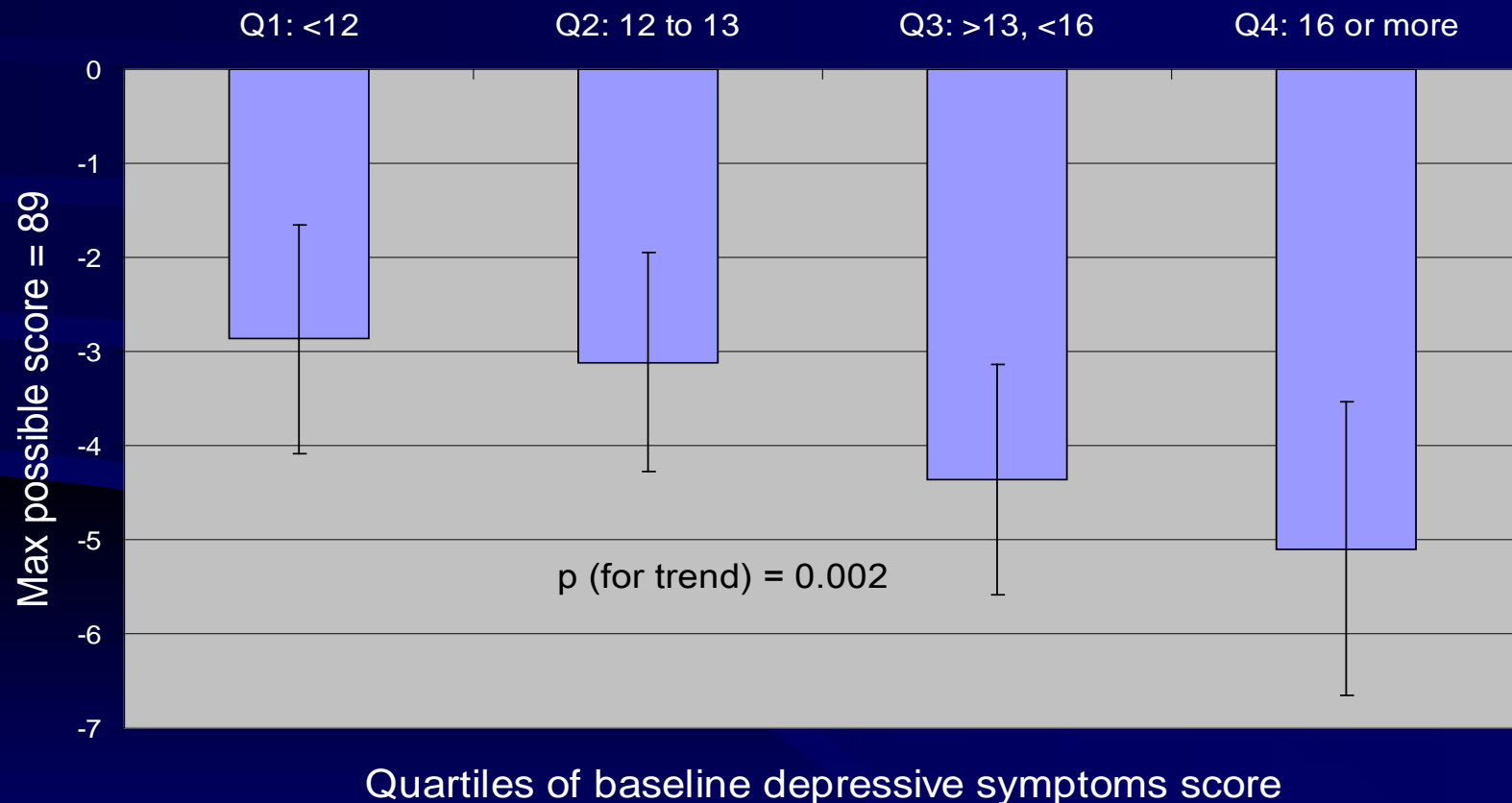
- High level of **emotional support**
- Large **social network**
- Strong **self efficacy** belief
- Few **depressive symptoms**



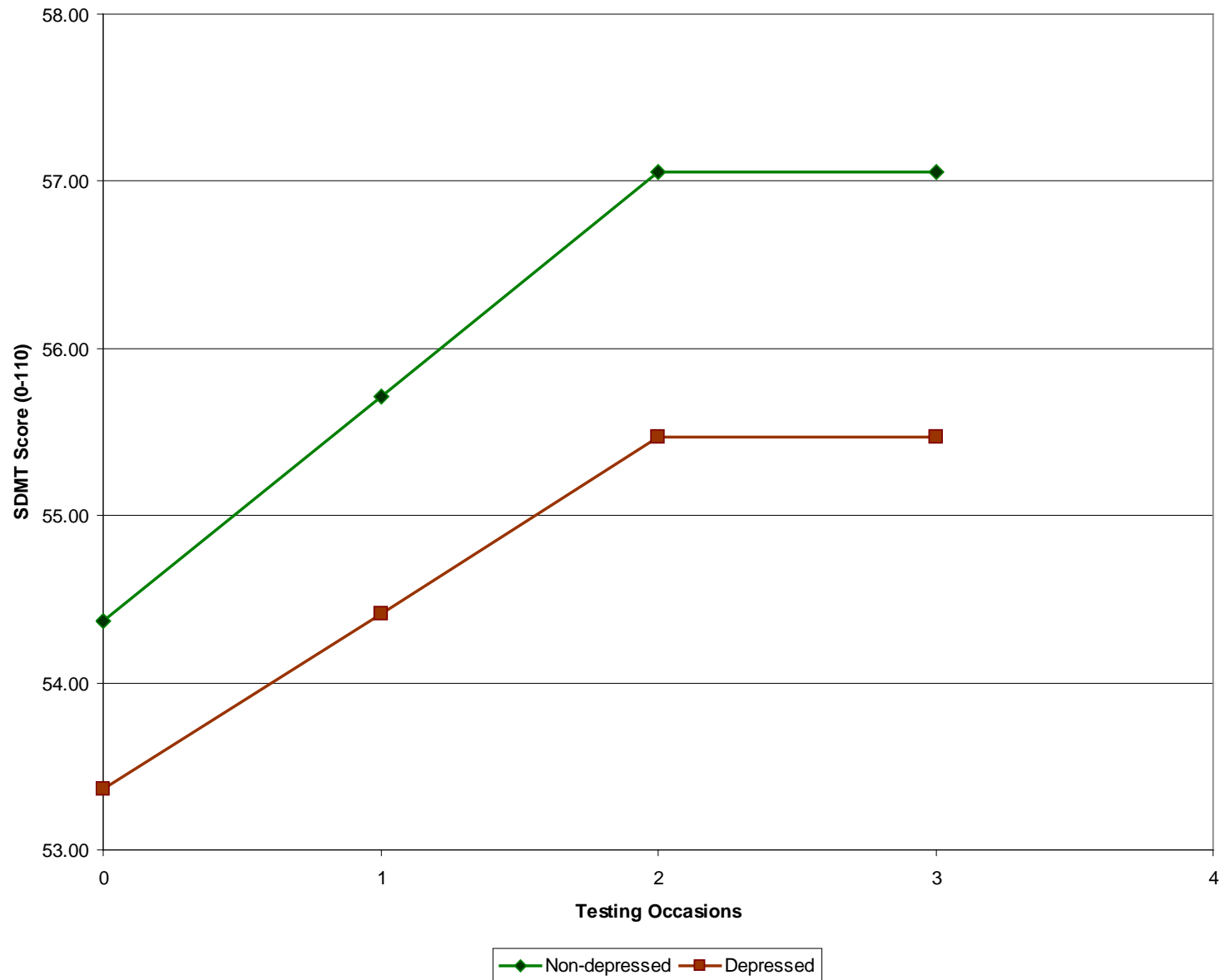
MacArthur Successful Aging Study

Depression and Cognitive Decline

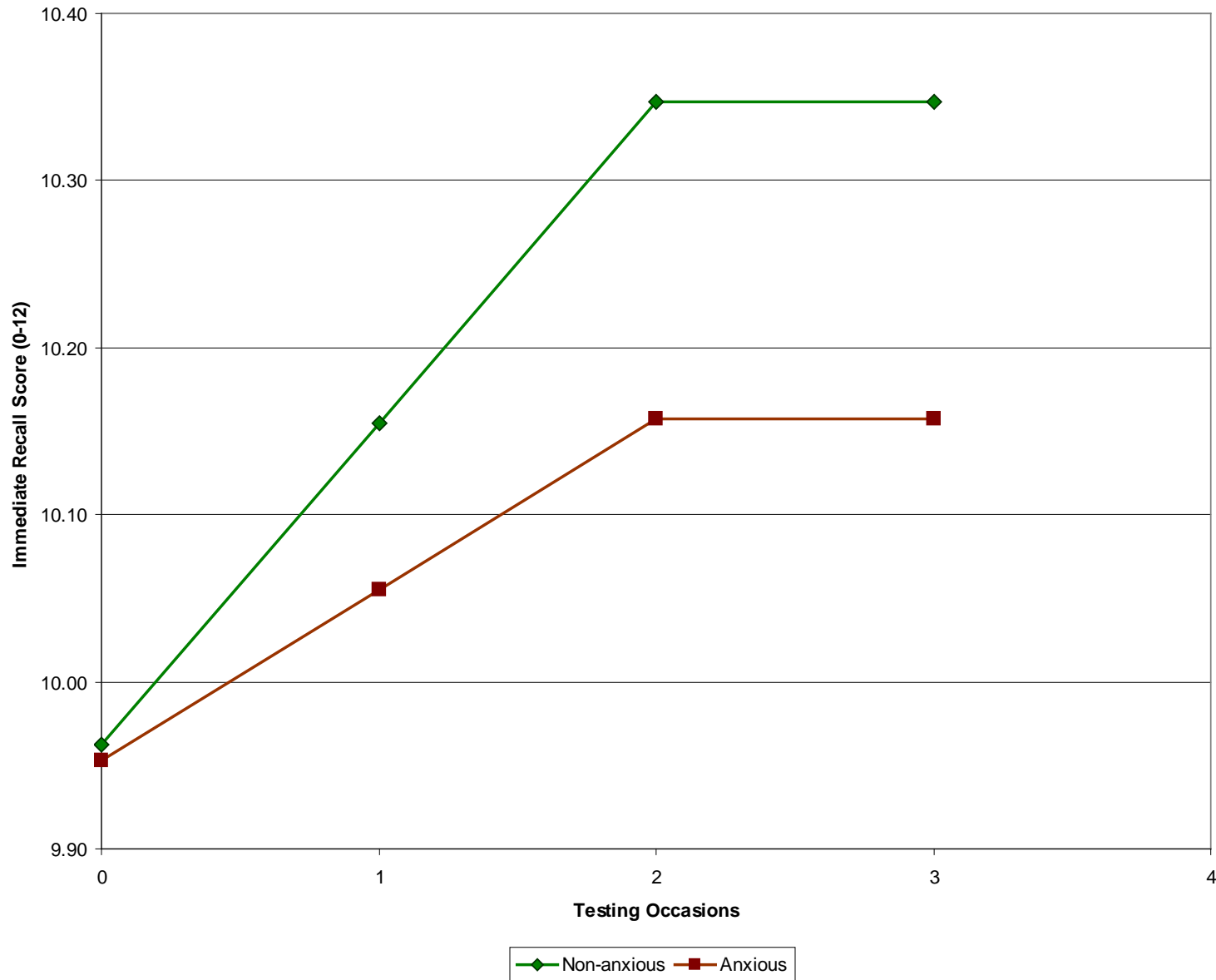
Mean 7-year Change in Summary Cognitive Score



Depressive Symptoms During the Menopause Transition and Processing Speed



Anxiety Symptoms during the Menopause Transition and Learning



Summary

Psychosocial stressors influence biology, chronic diseases, and how well we age

Social support and good lifestyle choices can offset the health effects of stressors



Closing the Gap between Women's Depression and Mental Health Services: The Evolution of the Los Angeles County Department of Mental Health

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County of Los Angeles
Department of Mental Health

November 16, 2011

*Mind Body Spirit: Enhancing Women's Resilience to
Stress and Depression as They Age*

Did You Know...

- By 2012, the number of women in mid-life (aged 45-64 years) is expected to grow from about 27 million to 41 million.
- Women experience depression twice as often as men
- The suicide rates for women peak between the ages of 45-54 years old, and again after age 75.
- Successful treatment for depression, particularly for women, should include cognitive behavioral therapy and problem solving therapy.

Threats to Women's Health

- Women and men are not the same; particularly when it comes to their health risks.
- The biggest threats to American women's health:
 - Heart Disease
 - Breast Cancer
 - Osteoporosis
 - Depression
 - Auto Immune Disease (i.e. lupus, diabetes, thyroid disease)
 - Obesity
- There is a link between dealing with a chronic medical condition and developing depression

Symptoms of Depression

- persistent sad, anxious, or "empty" mood
- loss of interest or pleasure in activities
- restlessness, irritability, or excessive crying
- feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
- sleeping too much or too little
- appetite and/or weight loss or overeating and weight gain
- decreased energy, feeling fatigue
- thoughts of death or suicide, or suicide attempts
- difficulty concentrating, remembering, or making decisions
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Differences between Women and Men

- Onset is not restricted to any given age or demographics.
- Women are more likely to experience feelings of guilt and anxiety, sleep excessively, have an increased appetite, gain weight, and attempt suicide.

Reasons for Depression Among Women

■ Why???

- Hormone fluctuations
- Pregnancy and child birth
- Reactions to stress
- Ruminative thinking
- Lack of social support
- Difficulty adjusting to change as caregiver/role in life
- History of Trauma

■ Dependent on multiple factors

- Psychological
- Biological
- Genetic
- Environmental
- Socio-economic

Barriers to Women Coping with Depression

- Despite the favorable outcome of treatment, many women suffer with their depression in silence
- Depression among women has been normalized
 - Women do not seek treatment until a “crisis” occurs
- Successful treatment options includes:
 - Individual Therapy
 - Group support
 - Psychotropic medication such as anti-depressants

The Ever-Evolving Department

- Prop 63- Mental Health Service Act (MHSA)
 - 2007-Expansion of Community Services and Supports (CSS) Plan
 - 2009-Introduction of Prevention and Early Intervention (PEI) Programs and Evidence Based Practices (EBPs)
- Hope, Wellness, and Recovery
 - Looking at the WHOLE person
- Healthy Way LA (HWLA)-Bridge to Health Care Reform 2014
- Veterans

The Blueprint of Adult Mental Health Services

Triage
[Initial Face-to-Face Visit / Walk-in / Appointment]



Client can be served within the DMH Network of Care and appears to meet DMH Population based on service needs



Crisis
Resolution
Services
(CRS)



PEI – Crisis
Oriented
Recovery
Services
(PEI – CORS)



Full Service
Partnership
(FSP)



Field Capable
Clinical
Services
(FCCS)



Wellness
Center
Services



Short-Term and Time Limited



MHS Focal
Population and
Program Criteria
Must be Met



More Expansive MHS Target
Population with Services Based on
Clinical Need With No Defined
Treatment Time Periods



PEI Evidence Based Practices

- PEI Evidence Based Practices: Adult programs have the option of training staff in five EBPs-
 - Prolonged Exposure Therapy for PTSD
 - Seeking Safety
 - Benjamin Rush Model (Short term Crisis Resolution) (CORS)
 - Group Cognitive Behavioral Therapy for Depression (Group CBT)
 - Mental Health Integration Program (MHIP).

PEI Early Start Programs

- Partners in Suicide Prevention Team
 - One of two first cross-collaboration program among all four age groups
 - Provide two gate keepers training to mental health providers, other agencies, and community members at large
- Anti-Stigma and Discrimination Team
 - Other cross-collaboration program between all four age groups.
 - Increases public awareness, social acceptance, and inclusion of people with mental health challenges.

How will Health Care Reform Impact Our Mental Health Delivery System

- DMH joined forces with the Dept. of Health services under the 1115 Waiver initiative to truly integrate primary health care with behavioral services
- Benefits
 - Improve the health outcomes of the Serious and Persistent Mentally Ill Population in LA County
 - Decrease the per capita cost of health care
 - Enhance the quality of care provided to our clients

Mental Health Service Delivery Under the Healthy Way LA

Level of Service	Level of Need	Type of Service
Tier 1	Current priority population: clients with serious mental illness	■ Full range of rehabilitation option services
Tier 2	Individuals seen in primary care settings who may benefit from short term treatment early intervention	■ Evidence-based practices ■ Short Term Treatment ■ Psychiatric consultation regarding psychotropic medications provided for treating primary care physicians
Tier 3	Individuals seen in primary care settings who receive and desire only medication management	■ Psychiatric consultation regarding psychotropic medications provided for treating primary care physicians

New Types of Mental Health Services Delivered through HWLA

- Collaborative Care Model
- Primary Care Provider (PCP) continues medications as needed
- Stepped interventions
- Therapeutic components
 - Assess symptoms and problems in living
 - Develop targeted treatment plan
 - Problem Solving Therapy (PST)
 - Behavioral Activation
 - Assessment of status at each visit
 - Weekly team case consultation with psychiatrist
 - Follow-up between psychiatrist and primary care providers when medication need to be adjusted

Then....and NOW!

- In the past, public mental health system...
 - Focused on providing services to individuals experiencing severe symptomology
 - Focused mainly on the mental health issues; and made little if not zero effort to address any physical issues the client may have
 - Did not train clinicians to provide psychotherapy to address mental health issues
- Since 2006, gaps are being closed by:
 - Removing financial constraints, cultural or language barriers, and transportation roadblocks
 - Reducing stigma and discrimination toward mental health
 - Co-location of physical health services at mental health clinics
 - Training staff on EBPs proven to address depression, history of trauma, and co-occurring disorders
 - Helping grass root organizations provide mental health services

Reaching Out to the Department of Mental Health

- DMH Website: <http://dmh.lacounty.gov>
- 24/7 Access Center: 1-800-854-7771
- Adult System of Care: 213-738-2868

Questions

Mind Body Spirit

Women, Depression and Mental Health History

L.A. County Department of
Public Health
Office of Women's Health

November 16, 2011




Women and Depression: the Basics

- Most common reason to seek mental health care
- 3rd Most common reason to seek health care
- 2/3 of the 30,000 suicides each year are linked to depression
- 2/3 of those with major depression are women
- One in four women will be depressed at some point in their lives (men 1/7)

Why more impact on Women?

**Complex Interaction of
biological, cultural and
psychological Factors**

Biological Perspectives

- 
- Research suggests depression (sadness) results from both biogenic and psychosocial factors
 - Reaction to stress physiological and cognitive
 - Reproductive events (menstruation, childbirth, etc) are related to reproductive hormones and may impact mood
 - Social cultural factors bias cognitive/affective experience of reproduction & sexual experience

Psychological and Cultural Perspectives

- **Research fairly recent**
- **Socialization patterns reinforce stereotypes**
 - **Men – independence and mastery**
 - **Women – attractive; sensitive; passive in relationships**
- **Depression = lack of activity/energy**
- **Cognitive behavioral therapy: change perception**
- **Aversive situations: change behavior; escape; improve situation**
- **Cultural expectations: lower power, esteem, respect, discrimination, abuse, harassment; care-taking, self blame**


Question: What are the symptoms of depression?

- a. Loss of interest or pleasure in activities you used to enjoy**
- b. Feelings of guilt, hopelessness and worthlessness**
- c. Suicidal thoughts or recurrent thoughts of death**
- d. Sleep disturbance (sleeping more or sleeping less)**
- e. Appetite and weight changes**
- f. Difficulty concentrating**
- g. Lack of energy and fatigue**
- h. All the above**


Answer: What are the symptoms of depression?

- a. Loss of interest or pleasure in activities you used to enjoy
- b. Feelings of guilt, hopelessness and worthlessness
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- f. Difficulty concentrating
- g. Lack of energy and fatigue
- h. All the above**


CA Mental Health Brief History

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- **State Hospital System**
 - 57,000 patients in 1960
 - **1958 Short-Doyle Act**
 - State/county community services funds
 - **1968 Lanterman-Petris-Short (LPS) Act**
 - Model for Nation
 - **1980s**
 - programs shrink; state budget cuts
 - ***Consumer & family groups make their voices heard***

CA Mental Health Brief History

- 
- **1990s – responsibility moves to counties**
 - Realignment
 - Medi-Cal Consolidation; Managed Care
 - Insurance Parity (partial)
 - *Increased advocacy from consumer and family groups*
 - **2000s**
 - AB 34; AB 2034
 - Legislative funding to provide outreach and integrated services to people who are homeless and have a psychiatric disability
 - President's New Freedom Mental Health Commission
 - **Mental Health Services Act (Prop 63) passes November 2004**


Mental Health Services Act: Prop 63

- 
- **Define serious mental illness as a condition deserving priority attention**
 - **Reduce long-term adverse impact from untreated serious mental illness**
 - **Expand successful, innovative service programs**
 - **Provide funding to adequately meet the needs**
 - **Ensure that funds are expended in a cost effective manner and that services are provided consistent with best practices**

Mental Health Services Act: Prop 63

- **1% tax on taxable personal income over \$1 million to be deposited into a Mental Health Services Fund (MHSF) in State Treasury**
- **Oversight by 16-Member Accountability Commission**
- **Five program components:**
 - Prevention and Early Intervention
 - Services to Children, Adults, Older Adults
 - Education and Training
 - Innovation
 - Capital Facilities and Technology

Mental Health Services Act: Prop 63

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- **Successes:**
 - Increased services to children, transition age youth, adults, older adults
 - Local and statewide prevention and early intervention programs
 - Focused programs for under-served ethnic and cultural groups
 - **Problems:**
 - Limited to “un-served” individuals
 - State micromanaging
 - Lack of statewide outcomes (county only)
 - **Legislative Action:** Eliminated state plan approval; “un-served” regulations & others under review

The Healthy Aging for Women Collaborative

Mind Body Spirit

Panel Discussion Multicultural Women Coping with Stress and Depression

Gloria
Morrow, PhD

Theresa
Destito, LCSW

Freda K.
Cheung, PhD

Sandra N.
Goodwin, PhD

Reserve

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The Healthy Aging for Women Collaborative

Mind Body Spirit

Panel Discussion
Multicultural Women
Coping with Stress and Depression

Healthy Aging for Women
Collaborative Organizations

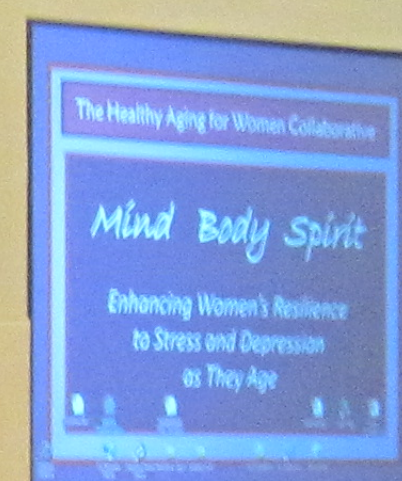
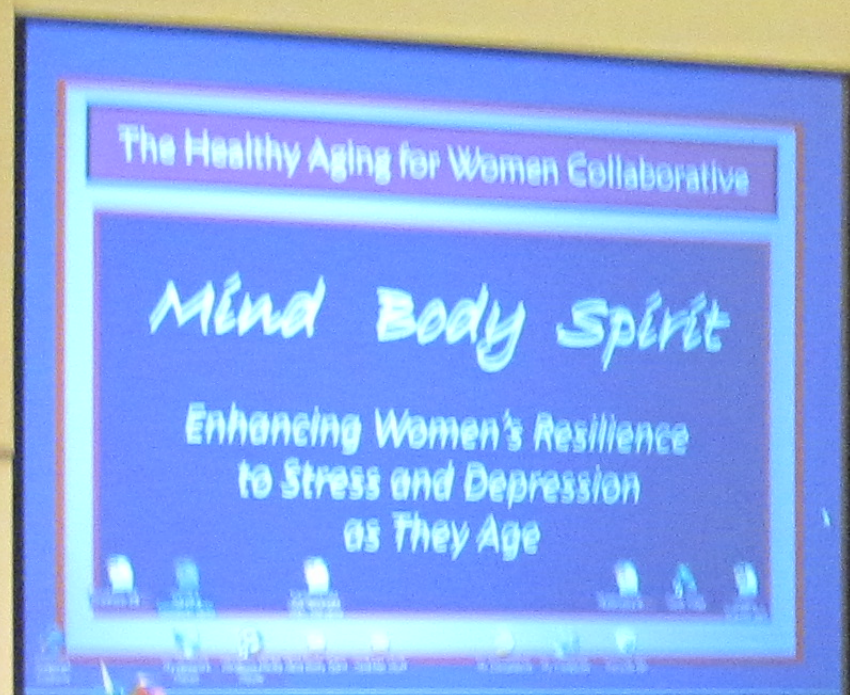
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Alzheimer's Association, California Southland Chapter
American Diabetes Association
American Heart Association, Greater Los Angeles
Arthritis Foundation, Pacific Region
California Geriatric Education Center, David Geffen School of Medicine
City of El Monte Community and Senior Services
City of Los Angeles Area Agency on Aging
City of Los Angeles Department of Aging and Family Caregiver Services
City of West Hollywood
Glendale Adventist Medical Center
Glendale Commission on the Status of Women
Glendale Memorial Hospital and Health Center
Grandparents as Parents, Inc. (GAP) • Harbor-UCLA Medical Center
Jeha Cantor-UCLA Women's Health Center • KREER Center
Los Angeles Caregiver Resource Center
Life-Long • Los Angeles County Commission for Women
Los Angeles County Community and Senior Services
Los Angeles County Department of Mental Health
Los Angeles County Department of Public Health
Los Angeles County Epidemiology
Los Angeles County Health, The PLACE Program
Los Angeles County Mission Fund
Los Angeles County In-Care Foundation
Los Angeles County Medical Center
Los Angeles County Rehabilitation Center

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CA Mental Health Brief History

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The
California
Endowment



The Healthy Aging for Women Collaborative
Mind Body Spirit
Enhancing Women's Resilience
to Stress and Depression
at the Age of 50